LAREDO: THE PEOPLE SPEAK OUT

1995 HEALTH RISK FACTORS NEEDS ASSESSMENT SURVEY REPORT

A PROJECT OF THE
CITY OF LAREDO HEALTH DEPARTMENT

LAREDO, TEXAS
1755 - 1995

FINAL REPORT

HEALTH RISK FACTORS AND NEEDS ASSESSMENT SURVEY

A Project of the

City of Laredo Health Department
Buena Vida Minority Health Coalition

funded by the

U. S. Department of Health & Human Services
Office of Minority Health
Grant No.: D52MP94008-01

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I. PREFACE

Improving the health and health care of Laredo/Webb County residents is the main objective of the City of Laredo Health Department and the Buena Vida Health Coalition Program. This report is divided into sections regarding indicators which describe the problem areas selected by the Coalition members as major health issues in our community.

Through the publication of this report, the Coalition hopes to strengthen the ability of these agencies, both public and private, involved in the planning, implementation and evaluation of health related programs and policies for the community. The results of this survey project can be used as a reference and as critical indicators that serve to summarize our community's progress regarding specific health issues. Tracked over time, these indicators can also serve as a baseline or early warning signal, alerting health professionals to future problem areas.

The scope of this survey, while limited in its scale, we hope will encourage others concerned with the health and well-being of our community and similar communities to expand on this knowledge base. We encourage readers to share this information with others and if they have comments or questions we would like to hear from them.

II. EXECUTIVE SUMMARY

By Jerry R. Robinson, M.P.A., Director
City of Laredo Health Department
(Serving all of Webb County)

The City of Laredo, Webb County, Texas is located on the United States/Mexico Border in South Texas with a predominant Hispanic population. Of the 152,769, inhabitants, (1994 estimates, TDH, Bureau of State Health Data & Policy Analysis), 92% reside within the county seat of Laredo. The city is continuously impacted by the endless flow of residents crossing between countries, shared depressed economies and serious environmental and health problems. The U.S./Mexico border area, particularly Laredo/Webb County differs in many aspects when compared with regional, state and national statistical data.

The problem identified by the Coalition was the limited availability of primary data that could assist in making more accurate decisions regarding health care and associated social problem interventions. The objective of the survey was to address major current health issues through the collection and analysis of data on the population of the City of Laredo and Webb County. Demographics, utilization of medical services, prevalence of chronic conditions, media preferences, health risk factors, nutrition, safety, and other health-related topics were surveyed and analyzed through this survey.

A randomized, stratified sample survey was developed (see methodology) to identify and assess diverse variables, which may effect, influence and predict the community's health status and needs. The Buena Vida Minority Health Coalition Survey on Health Risk Factors and Needs Assessment generated data which the City of Laredo Health Department, coalition members, public and private providers, and consumers can use to plan, develop, implement and evaluate community health related programs and policies. In addition, it will also assist to modify and improve upon existing health and social service programs and the delivery of their services in our community.

Major demographic findings in our survey are the low level of educational attainment among the population surveyed and the extremely high rate of unemployment and poverty, which are common associations of low educational level. In our survey, a high number of persons have more than one health risk factor for chronic diseases, such as diabetes, hypertension and cancer, examples are: heredity, obesity, sedentary lifestyle, unhealthy nutrition, and abnormally high blood cholesterol. There is a high mortality rate due to cardiovascular diseases, cancer, stroke and diabetes complications. In the area of primary care services utilization and health insurance coverage, our survey indicated that approximately 40% of the persons surveyed lack health insurance due to the high cost and/or job instability. This issue is associated with a low rate of physician contacts per year, irregular check ups and low utilization of clinical preventive health services. On the other hand, 41% of the persons surveyed responded that they seek medical services and buy medications in Nuevo Laredo, Mexico; such an alternative is congruent with the percentage of persons lacking health insurance or who are unemployed. These variables -demographic and risk factors- described in our report were selected for cross-tabulations based on their role, effect and importance in prior similar studies. However, many other issues; both health and social; which affect the quality of life in our community need to be more closely studied and scrutinized in future studies and analysis of the vast amount of information contained in this study but not used in this initial report.

1. BACKGROUND

The City of Laredo, Texas is located on the United States/Mexico Border in South Texas with a 94% Hispanic population. Webb County, (population 152,769, 1994 estimates, TDH, Bureau of State Health Data & Policy Analysis), is the fifth largest geographic county in Texas with a population density of only 40 persons per square mile. The majority of the county population, (92%) is concentrated in the City of Laredo or within 10 miles of the city (6%). Only two percent of the population live out in the county, due to the shortage of water. The major U.S. cities nearest to Laredo include San Antonio 150 miles to the north, Corpus Christi 150 miles to the east, and the Brownsville area 200 miles to the southeast.

Due to our geographic location, there is a significant flow of people across the U.S./Mexico border and mingling of two depressed economies which are simultaneously impacted by environmental and public health problems. As a result, the U.S./Mexico border area, (particularly Laredo, Webb County) has indicator variables which are significantly different from regional, state and national statistical data. Vital statistics for Laredo and Webb County are different when compared to state and national data and corroborate our position that we differ significantly from other communities in the U.S. For example, the rate of tuberculosis, at 36.7/100,000 in 1994, is almost three times the state rate for the same year (13.9/100,000). In addition, we experience a high incidence and prevalence of hepatitis, gastrointestinal problems, skin ailments and immunization preventable diseases, among others, ranging two or more times higher then state rates. However mortality rates for the community's three leading causes of death are high, but lower than the state rates. These include; coronary heart disease, 148/100,000, (state rate 227/100,000) malignancies, 104.1/100,000, (state rate 171/100,000) and cerebrovascular disease, 25.5/100,000, (state rate 50/100,000.)

The population served by the City of Laredo Health Department is characterized as relatively young (25 years; state, 30 years); low income (per capita income $10,387/year; state $18,437; 1992 data ,TDH, Bureau of State Health Data & Policy Analysis)); and, Hispanic (94%). More than 38% of the population lives at or below the federal poverty level and many lack the financial resources to access health care, as evidenced by high participation rates in federal, state and local assistance programs. The shortage of health care resources is illustrated in the ratios of patients to health care providers. The ratio of patients per general/family practitioners is 1:8,771, (state ratio 1:4,404) and for OB/GYN is 1:4,726, (state ratio 1:2,559). The ratio of population to registered nurses is 462:1 (state ratio 214:1) and for dentists is 7,518:1, (state ratio 2,122:1).

The problem identified by the Buena Vida Minority Health Coalition was the limited availability of primary data that is essential to assist us in making more reliable decisions regarding health care, health promotion and associated social problems. Currently we have to utilize secondary data including national, state and regional statistics upon which to support major decisions regarding the planning, modification and delivery of health care and social services in our area.

A grant application for a community-wide health needs survey was submitted to the Office of Minority Health and subsequently approved. After careful consideration and meticulous planning, coalition members developed and conducted a Health Risk Factors Needs Assessment Survey in the City of Laredo and Webb County, Texas, between October, 1994-September, 1995. A variety of indicators which affect and influence the community's health were selected. This survey generated reliable and valid data, for public and private health care providers, social support agencies, and interested consumers who can use it to plan interventions for specific area of interest.

Our survey/questionnaire included 145 questions on nine different areas of interest- demographics; media preferences and utilization; personal health risk factors; family history; nutrition; morbidity; unintentional injuries; clinical preventive services and access to health care. In several areas, some of these questions are access indicators which can be used in much the same way as economic indicators. Trends in access indicators can assist to assess whether residents in our community are receiving the health care they need when they need it. We also included dental health care accessability for adults.

For other areas of interest, we developed questions on utilization indicators to measure contacts within the health care system; physician visits, mammography screening, immunizations etc. Changes in either utilization indicators or morbidity indicators may indicate changes in access to health care, changes in both types of indicators provide even stronger evidence that access to health care has improved or worsened.

Also, we included selected questions to measure the health care resources available to the community, utilization frequencies and tendencies. Finally, wherever possible we compared trends in our access indicators with the corresponding objectives established by the U.S. Department of Health and Human Services for the Year 2000.

2. METHODOLOGY

In order to conduct the survey, the Buena Vida Minority Health Coalition Demonstration Project staff contracted with a local qualified research consultant, Michael Landeck, Ph.D., and conducted initial and subsequent meetings with participating Buena Vida Minority Health Coalition members to discuss the proposed project. These meetings also served to further define the scope of the proposed community-wide, needs assessment/data collection survey. In addition, during this phase of the project, coalition members discussed and determined the appropriateness of the questions, the exact format of the questionnaire and selected the sample survey population and data collection methodologies utilized.

Upon completion of the questionnaire, program staff translated it into Spanish to allow testing of both the English and Spanish speaking populations of Laredo/Webb County area. Program staff then utilized mass media contacts to promote the Coalition's survey and requested the cooperation of all selected interviewees. During the second phase of the project, the staff and research consultant determined who, and how many interviews were needed, selecting households at random from nineteen statistical tracts. In addition, a pilot study of the questionnaire was conducted to test the reliability and appropriateness of the questions as well as the reliability and structure of the questionnaire as a whole. The sample size of the pilot study was approximately 10% (110) of the total sample size. After the pilot test was conducted and analyzed, all necessary adjustments and modifications were made to the questionnaires and arrangements were made for layout and mass production of the final survey instrument.

The Health Risk Factors and Needs Assessment data was obtained through personal interviews with household medical decision makers, conducted by persons specifically employed and trained for this purpose. The households selected for interview were a probability sample representative of the City of Laredo/Webb County population. Data from eleven hundred households were collected. Participation was voluntary and confidentiality of responses was guaranteed. The data collected was analyzed using statistical methodologies, specifically the Statistical Package for the Social Sciences (SPSS). All the variables included in the instrument underwent a descriptive statistical analysis following the major measurements of centrality and dispersion; also, the researchers utilized analysis of variance (ANOVA) to identify possible existence of significant differences among groups.

For the purpose of testing the statistical results, a series of cross-tabulations were run in which a breakdown of identified variables by demographic sub-groups was presented in the areas of Mass Media Utilization and Primary Care Services. The question asked was whether there are significant differences within the demographic sub-group as related to the observed variables. We chose to resolve this issue with the classical hypothesis testing methodology in which the following steps were taken:

1. The null and alternative hypothesis for each dual relationship between a given variable and a demographic variable was formulated. In all cases, the null hypothesis was formulated as: "There is no significant difference among the demographic sub-groups as they relate to the observed variable."

2. Due to the fact that we were dealing with demographic nominal sub-groups, the test statistic that was chosen was Chi-Square.

3. The hypothesis was tested based upon a type I error which was committed by rejecting the null hypothesis when true. This probability of committing a type I error was denoted by alpha. We chose a significance level of alpha = 0.05 because this is an acceptable level of an alpha error in human behavioral research, as is the case in this analysis.

4. In addition to identifying those variables that did differ significantly within the demographic variables, we also included the exact calculated alpha level so that researchers that may want to set higher or lower significance level standards in their interpretation of our data will be able to do so.

Finally, we should add that a major strength of this survey lies in its ability to display these health status indicators by many demographic and socioeconomic characteristics.

3. LIST OF FACTORS SURVEYED

(Questions can be found in Appendix B)

DEMOGRAPHICS. Questions: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31.

HEALTH RISK FACTORS. Questions: 33, 34, 35, 36, 37, 38, 39, 40, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101. .

CLINICAL PREVENTIVE SERVICES. Questions: 132, 133, 134, 139, 140, 143, 144, 145.

PRIMARY CARE SERVICES. Questions: 29, 32, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 56, 57, 58, 59, 60, 61, 62, 63, 64, 108, 109, 110, 111, 112, 135, 136.

ALTERNATIVE CARE . Questions: 53, 54, 55, 65, 66, 67, 68, 69, 70, 71.

MORBIDITY. Questions: 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 137, 138, 141, 142.

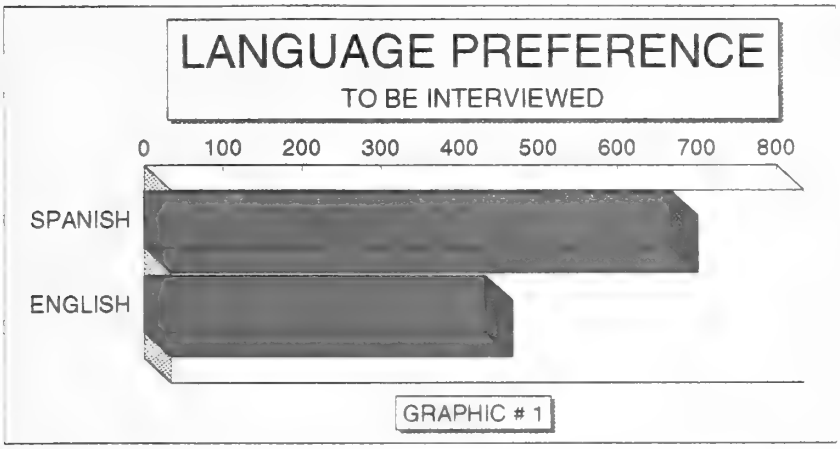
UNINTENTIONAL INJURIES. Questions: 102, 103, 104, 105, 106, 107.

MASS MEDIA UTILIZATION. Questions: 11, 12, 13, 14, 15, 16, 17.

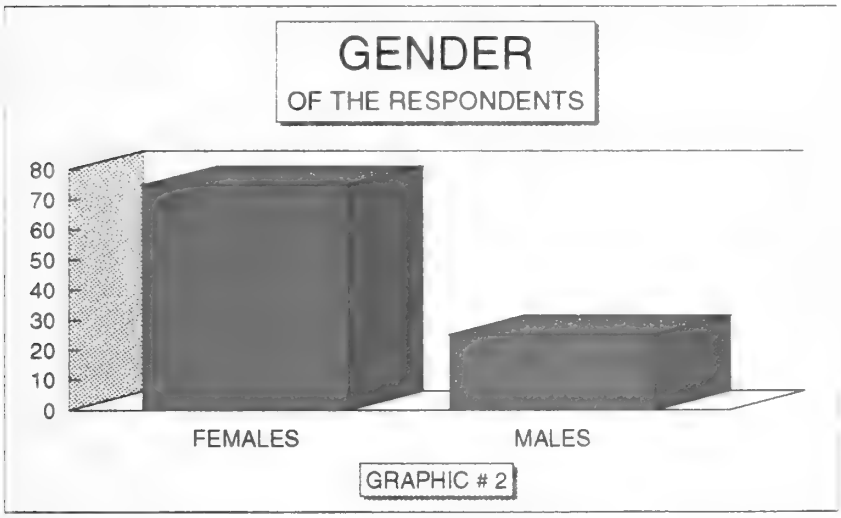
PLEASE NOTE: The following graphics marked * denote that the differences in the tables are statistically significant at the Alpha $\leq$ 0.05 level.

4.1 DEMOGRAPHICS

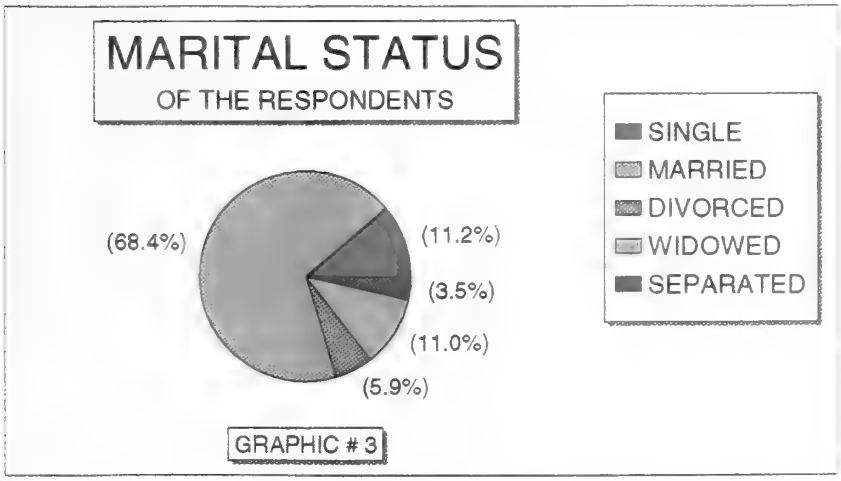
The following graphics depict major demographic characteristics of the survey's respondents. For more information about the frequency for each question, refer to the analysis of frequencies by question included in appendix B. The data collected include age distribution, sex, ethnic group, citizenship, education level, household income, number of residents per household, language preference for interview and marital status.



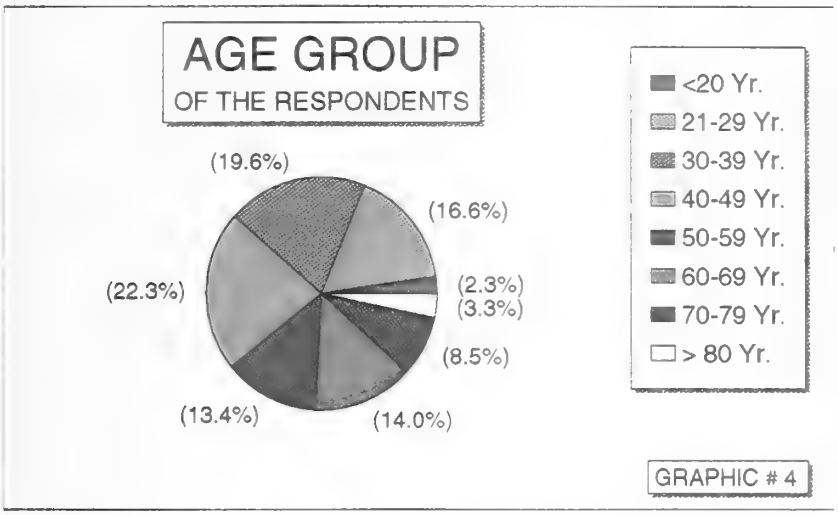
Spanish was the language of preference by 60.6% of the survey respondents. Also, 54.9% of the respondents prefer written health communications in Spanish.



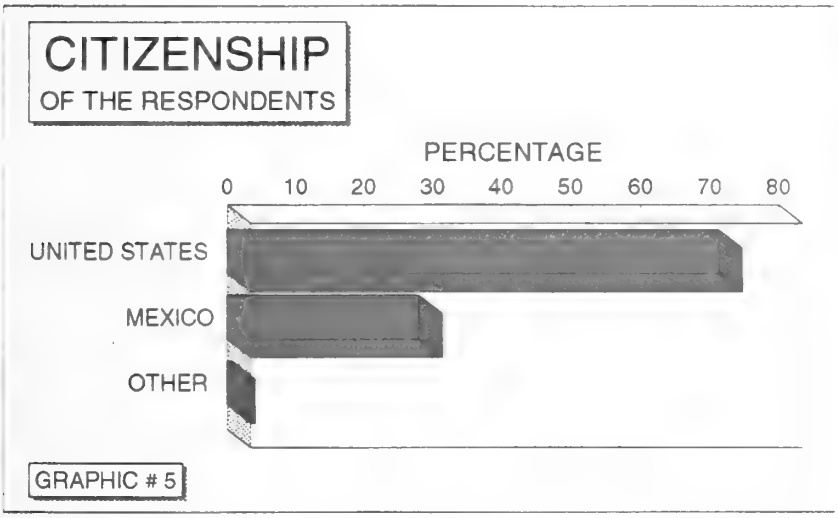
Females account for 74.9% of the survey respondents. The high percentage of female respondents is not surprising, since for the majority of the households the male was identified as the labor force.



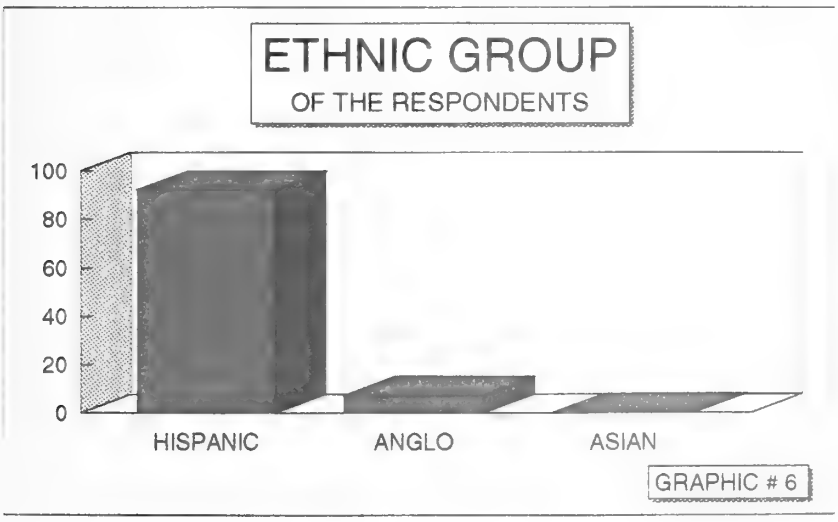
Married persons represent 67.7% of the survey respondents, followed by single persons, 11.2% and divorced, 5.9%.



Almost 60 percent of the people interviewed were in the 20 to 49 age groups. Data from the 1990 US census stated that the median age for the Laredo/Webb county residents was 25 years, compared to 30 years for the rest of the State.

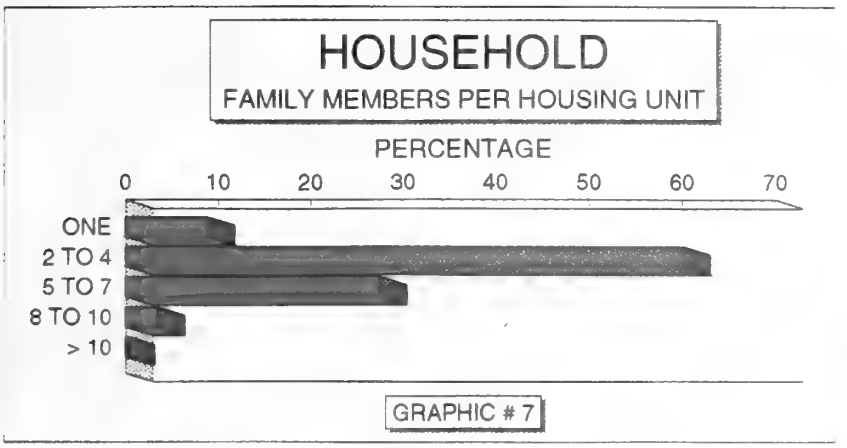


Seventy one percent of those interviewed declared US citizenship. Twenty eight percent of the people declared Mexican citizenship. This percentage represents a constant migration from Mexico, composed mostly of young adults and children.



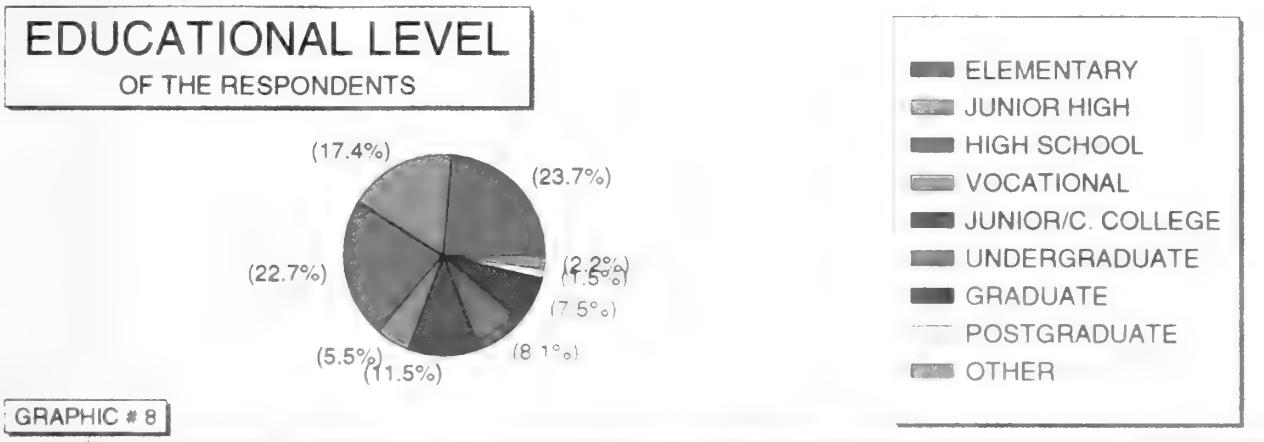
Hispanics account for 92.5% of the respondents, 7.3% identified themselves as Anglo, and .2% as Asian.

4.1 DEMOGRAPHICS



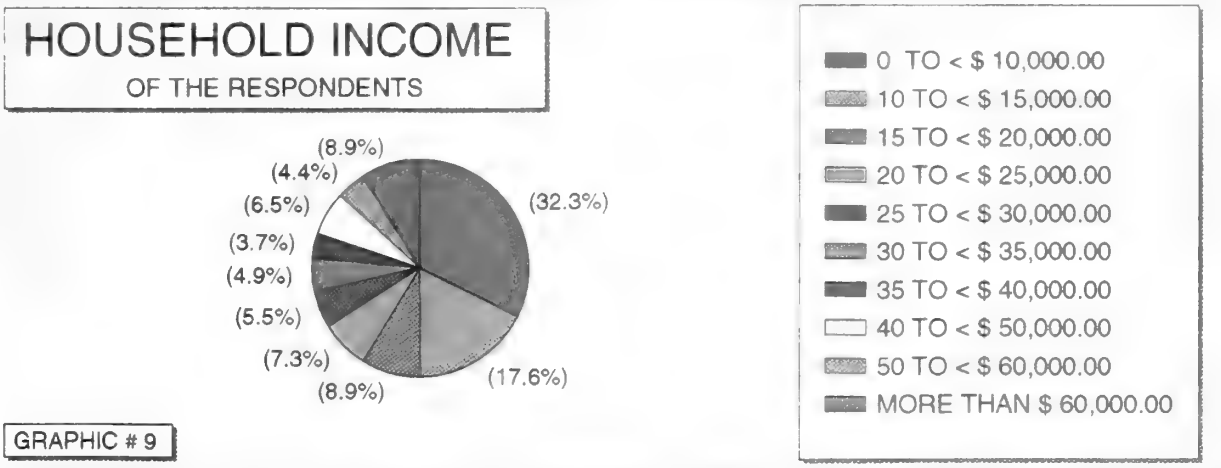
GRAPHIC # 7

In Laredo/Webb County, there are 2.26 family members per housing unit, and in only 9.3% of the houses surveyed, non-immediate family members were residing in the same house. Houses were not assessed as per types and conditions, (substandard housing),single-parent households, family groups or other patterns of lifestyle encountered.



GRAPHIC # 8

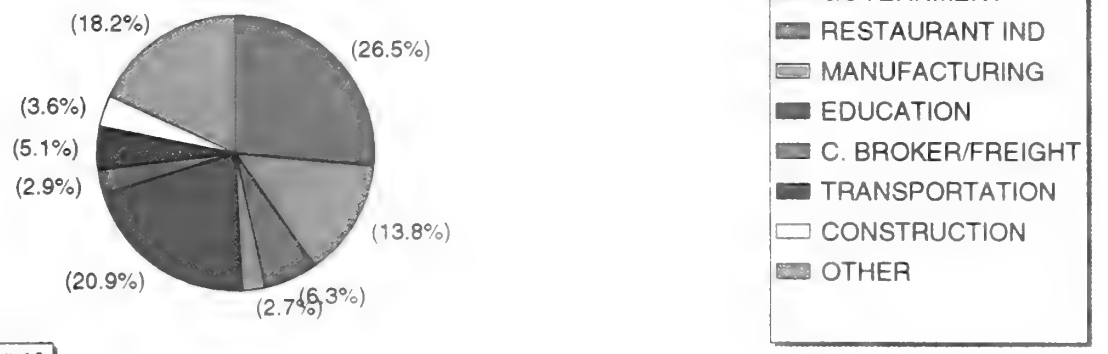
In Laredo/Webb County only 22.7% of the people surveyed from all ages have completed 4 years of high school. This percentage is even lower than the baseline for Hispanics in 1989, which was 54%. Dropping out of school is associated with unemployment and poverty, as well as increases in the risk for multiple problem behavior and poor mental and physical health. The target rate for high school graduation according to the Healthy People 2000 is at least 90%.



GRAPHIC # 9

In Laredo/Webb county, 58.8% of the households surveyed have a gross annual income of less than $20,000.00. Twenty seven percent of the households receive some form of public assistance. The yearly individual income is less than $10,000.00 for 60.1% of the respondents.

TYPE OF EMPLOYMENT
OF THE RESPONDENTS



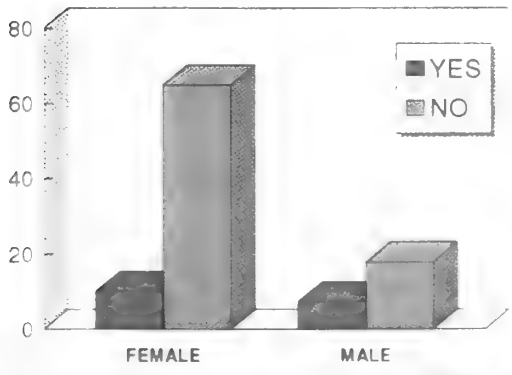
GRAPHIC # 10

Retail business, education, other, and government employment account for 79.5% of the occupations. Almost 72% of the people have had the same job for the last 3 years. The already high rate of unemployment in Laredo/Webb County increased tremendously due to the 1994 Mexican peso devaluation.

4.2 HEALTH RISK FACTORS

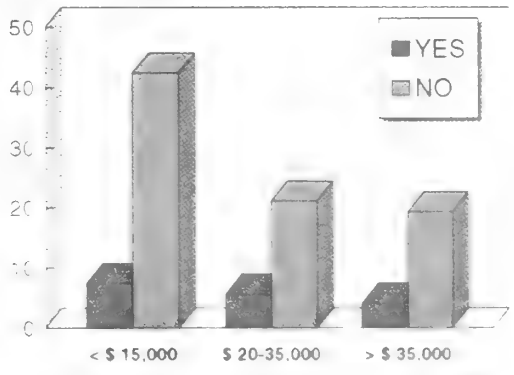
More than any other group, the adult population has to assume greater personal responsibility for their health. Most of the leading causes of death for the age group 25 to 65 years are preventable through changes in lifestyle. Smoking, alcohol abuse, sedentary lifestyle, stress and obesity are related, alone or in combination, with the five leading killers of adults in the United States: cancer, heart disease, unintentional injuries, stroke and suicide (1987).

SMOKING - BY GENDER*



GRAPHIC # 11 - PERCENT OF MEN AND WOMEN OF ALL AGES WHO ARE CURRENT SMOKERS

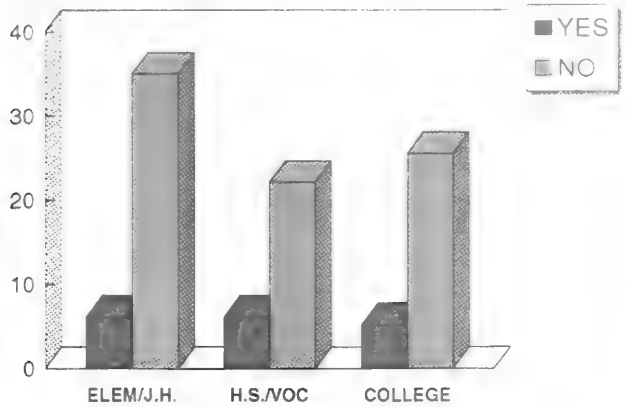
SMOKING - BY HOUSEHOLD INCOME



GRAPHIC # 12 - PERCENT OF PERSONS OF ALL AGES WHO ARE CURRENT SMOKERS

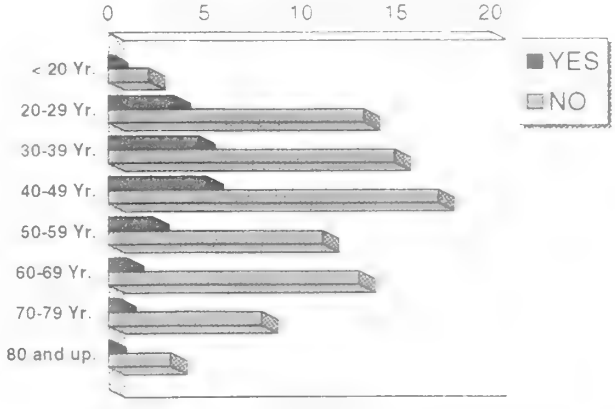
Smoking is the leading cause of preventable death in the United States, approximately one in every six deaths. Cigarette smoking is an important risk factor for heart disease, stroke, and some types of cancer. In general, smoking rates are higher among Hispanics, Blacks, blue collar workers, and people with fewer years of education. In our survey, 17.4% of the respondents are current smokers, (Texas prevalence 24%, 1988), which is less than the national average for men; 32%, and for women 27%. Smoking cessation is the single most important counseling topic because of its potential for patient benefit.

SMOKING - BY EDUCATIONAL LEVEL*



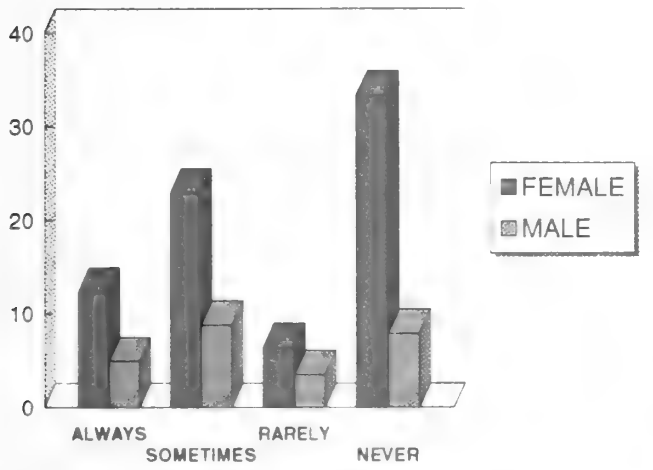
GRAPHIC # 13 - PERCENT OF PERSONS OF ALL AGES WHO ARE CURRENT SMOKERS

SMOKING - BY AGE GROUP*



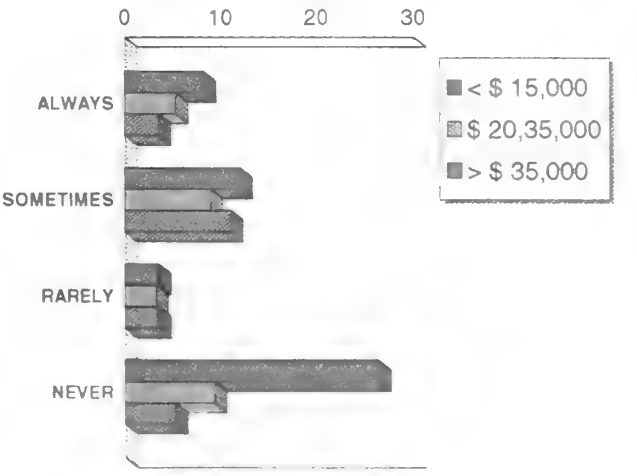
GRAPHIC # 14 - PERCENT OF PERSONS OF ALL AGES WHO ARE CURRENT SMOKERS

EXERCISE - BY GENDER*



GRAPHIC # 15 - PERCENT OF MEN AND WOMEN OF ALL AGES WHO EXERCISE ON A REGULAR BASIS

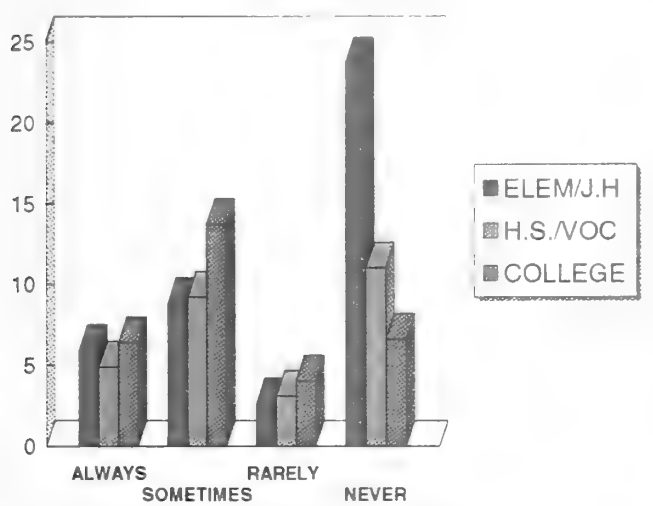
EXERCISE - BY HOUSEHOLD INCOME*



GRAPHIC # 16 - PERCENT OF PERSONS OF ALL AGES WHO EXERCISE ON A REGULAR BASIS

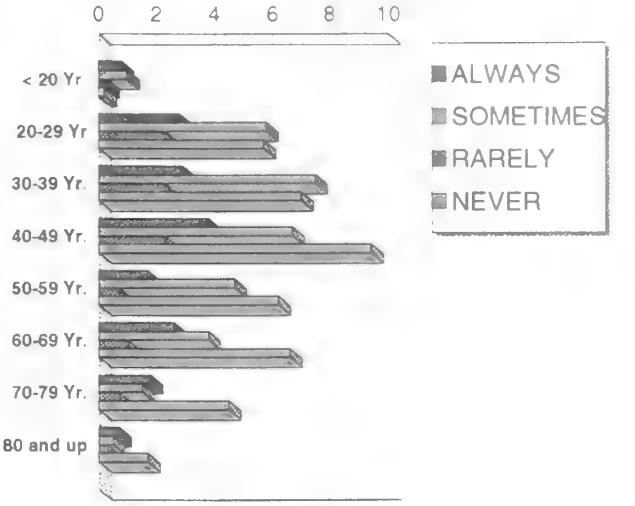
Physical inactivity is associated with many of the leading causes of death and disability in the United States, including coronary heart disease, hypertension, diabetes mellitus type II, obesity, osteoporosis and falls. Regular exercise reduces cardio-vascular diseases risk, promotes weight loss and control, improves musculoskeletal functioning, helps prevent diabetes, and may help prevent bone loss with aging. In our survey, 17.2% of the people always exercise, and 31.7% sometimes exercise for a total of 48.9%. This percentage is similar for the rest of the nation because less than half of the adult Americans exercise regularly. A recommendation for better health is to engage in light to moderate physical activity for at least 30 minutes, preferably on a daily basis or at least three times per week.

EXERCISE - BY EDUCATIONAL LEVEL*



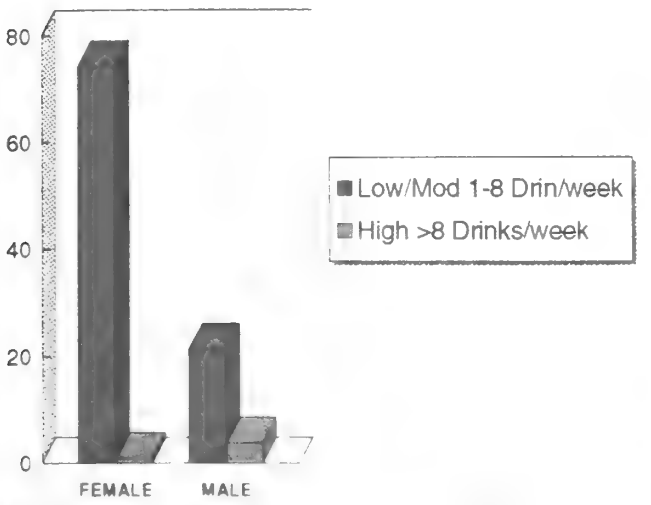
GRAPHIC # 17 - PERCENT OF PERSONS OF ALL AGES WHO EXERCISE ON A REGULAR BASIS

EXERCISE - BY AGE GROUP*



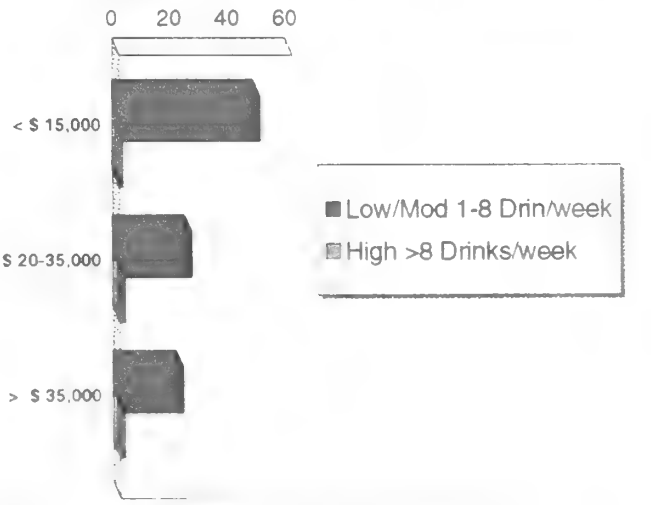
GRAPHIC # 18 - PERCENT OF PERSONS OF ALL AGES WHO EXERCISE ON A REGULAR BASIS

ALCOHOL USE - BY GENDER*



GRAPHIC # 19 - PERCENT OF MEN AND WOMEN OF ALL AGES WHO DRINK ALCOHOL

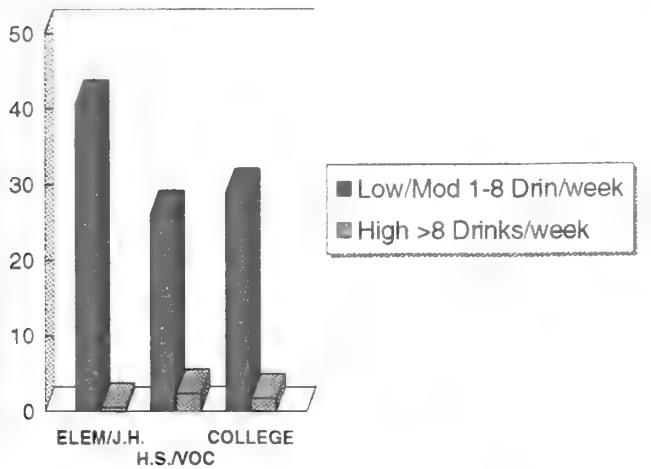
ALCOHOL USE - BY HOUSEHOLD INCOME*



GRAPHIC # 20 - PERCENT OF PERSONS OF ALL AGES WHO DRINK ALCOHOL

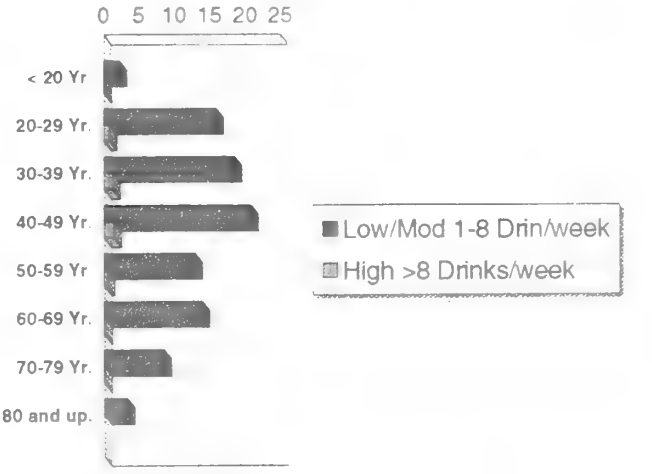
Alcohol abuse is related to more than half of all traffic fatalities 67% of the drownings and murders, 70% to 89% of deaths in fires and 35% of suicides. Alcohol is the principal contributor to cirrhosis, which is the ninth leading cause of deaths in the United States with a mortality rate of 15.5/100.000 in Webb County and 10.2/100.00 in Texas in 1993. Alcohol use during pregnancy is the leading preventable cause of birth defects. In our survey 77.2% of the persons surveyed do not consume any alcohol, this is compatible with the high number of female respondents. Almost 18% of the respondents consume up to 8 drinks per week, and 4.5% more than 8 drinks per week.

ALCOHOL USE - BY EDUCATIONAL LEVEL*



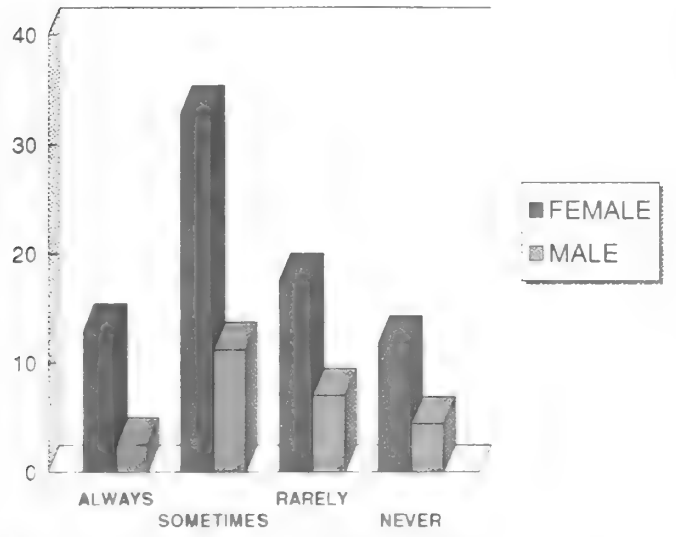
GRAPHIC # 21 - PERCENT OF PERSONS OF ALL AGES WHO DRINK ALCOHOL

ALCOHOL USE- BY AGE GROUP*



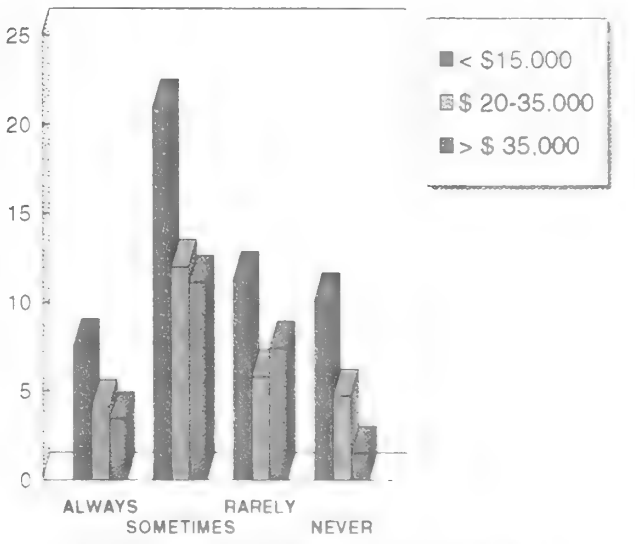
GRAPHIC # 22 - PERCENT OF PERSONS OF ALL AGES WHO DRINK ALCOHOL

STRESS- BY GENDER*



GRAPHIC # 23 - PERCENT OF MEN AND WOMEN OF ALL AGES WHO REPORT AN UNUSUAL AMOUNT OF STRESS

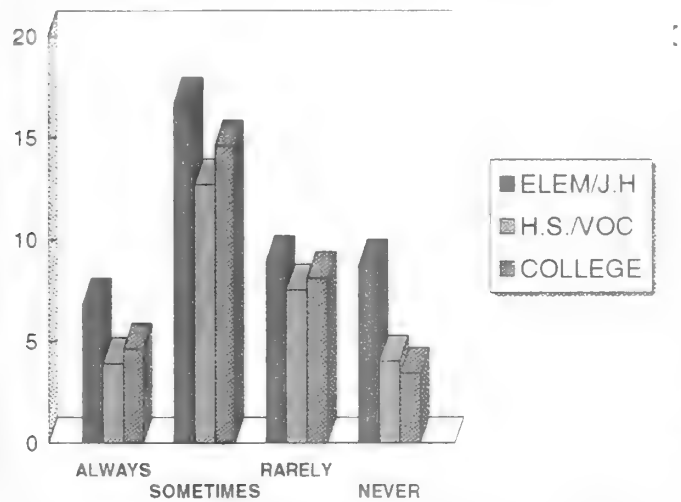
STRESS - BY HOUSEHOLD INCOME*



GRAPHIC # 24 - PERCENT OF PERSONS OF ALL AGES WHO REPORT AN UNUSUAL AMOUNT OF STRESS

The more common effects of stress are, tension, anger, irritation, anxiety, nervousness depression and inability to cope There are also physical symptoms such as: headache muscle ache or tension, stomach ache or tension and fatigue The economically disadvantaged population and women are at higher risk for both psycho-social and psycho-physiologic stress reactions. In our survey, 15.3% of the people surveyed suffer from stress all the time, and 44% sometimes for a total of 59.3%. (baseline 42.6% CDC)

STRESS - BY EDUCATIONAL LEVEL*

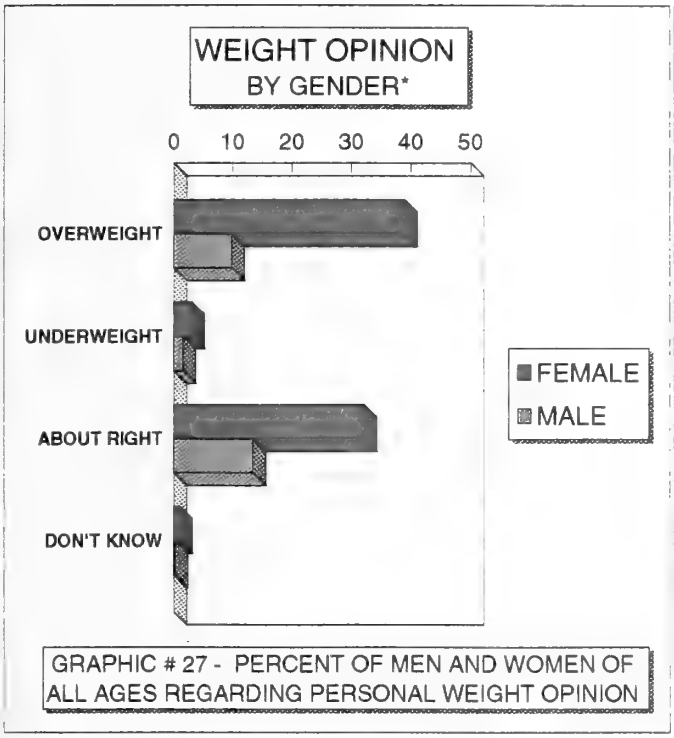


GRAPHIC # 25 - PERCENT OF PERSONS OF ALL AGES WHO REPORT AN UNUSUAL AMOUNT OF STRESS

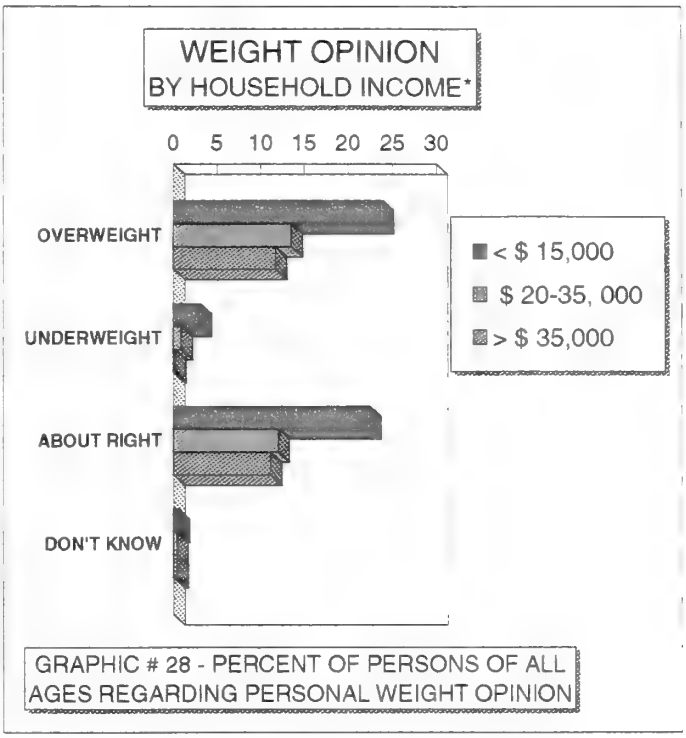
STRESS - BY AGE GROUP*

GRAPHIC # 26 - PERCENT OF PERSONS OF ALL AGES WHO REPORT AN UNUSUAL AMOUNT OF STRESS

4.2 HEALTH RISK FACTORS

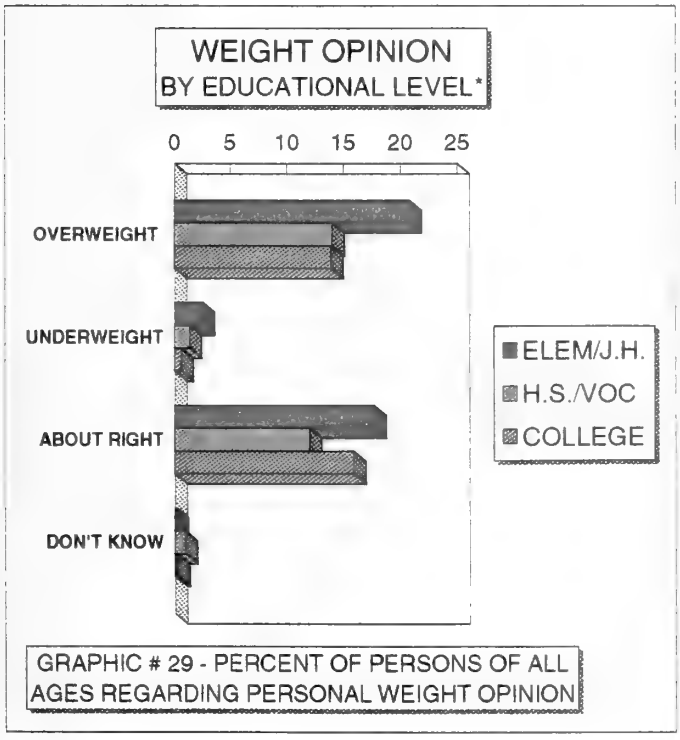


GRAPHIC # 27 - PERCENT OF MEN AND WOMEN OF ALL AGES REGARDING PERSONAL WEIGHT OPINION

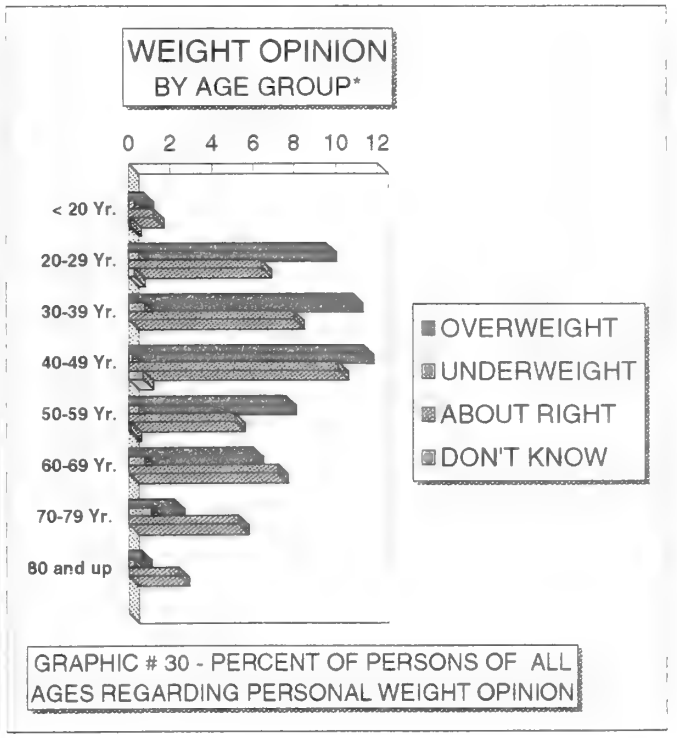


GRAPHIC # 28 - PERCENT OF PERSONS OF ALL AGES REGARDING PERSONAL WEIGHT OPINION

Excessive consumption of calories, especially from fat, and sedentary lifestyle have made obesity a major public health problem in the US. Obesity, which is associated with elevated blood cholesterol, hypertension and diabetes type II, is also a risk factor for CHD, some types of cancer and osteoarthritis. In our survey, 48.8% of the people surveyed consider themselves to be overweight. (baseline 39% Year 2000 Objectives)



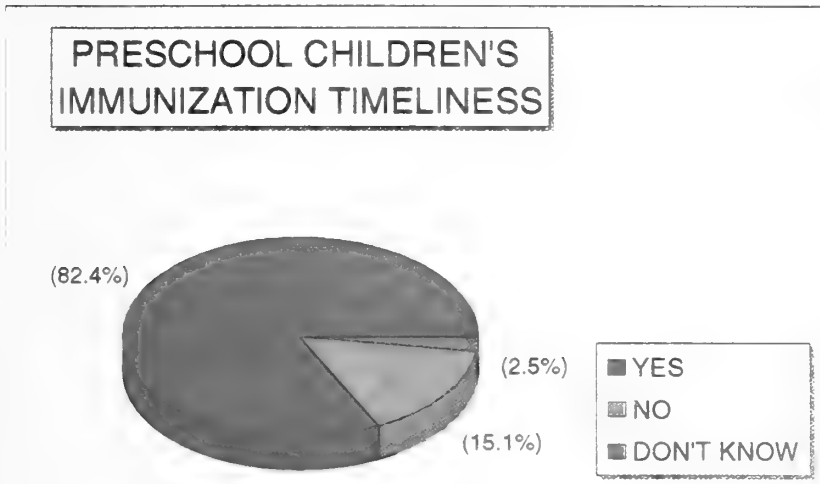
GRAPHIC # 29 - PERCENT OF PERSONS OF ALL AGES REGARDING PERSONAL WEIGHT OPINION



GRAPHIC # 30 - PERCENT OF PERSONS OF ALL AGES REGARDING PERSONAL WEIGHT OPINION

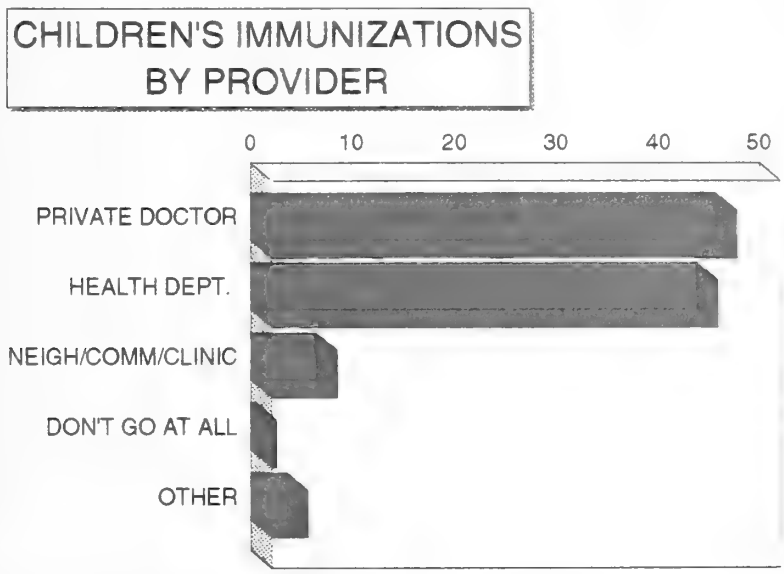
4.3 CLINICAL PREVENTIVE SERVICES

The effectiveness of preventive services in decreasing morbidity and premature death is well documented. Clinical preventive services (immunizations, screening for early detection of disease or risk factors and patient counseling) are disease prevention and health promotion services which are delivered to individuals in a health care setting. The important reduction observed for stroke mortality, cervical cancer mortality and childhood infectious diseases are largely attributed to the widespread application of three preventive services; high blood pressure detection and control, pap testing and childhood immunizations. (Source: Healthy People 2000).



GRAPHIC # 31 - Q-133 If you have preschool aged children are their immunizations up to date?

The global eradication of small pox in 1977, and the reduction in the incidence of several infectious diseases is the most important public health achievement this century. (Healthy People 2000). Other infectious diseases, such as diphtheria and polio were almost eliminated in the United States during the past decade. However, infectious diseases are still an important cause of illness and death in this country. This graphic shows that 82.4% of preschool children living in the households surveyed have their immunizations up to date, which is below the Year 2000 Objective of 90%, but well ahead of the US rate of 66%. (Unpublished Data from CDC, 1991).

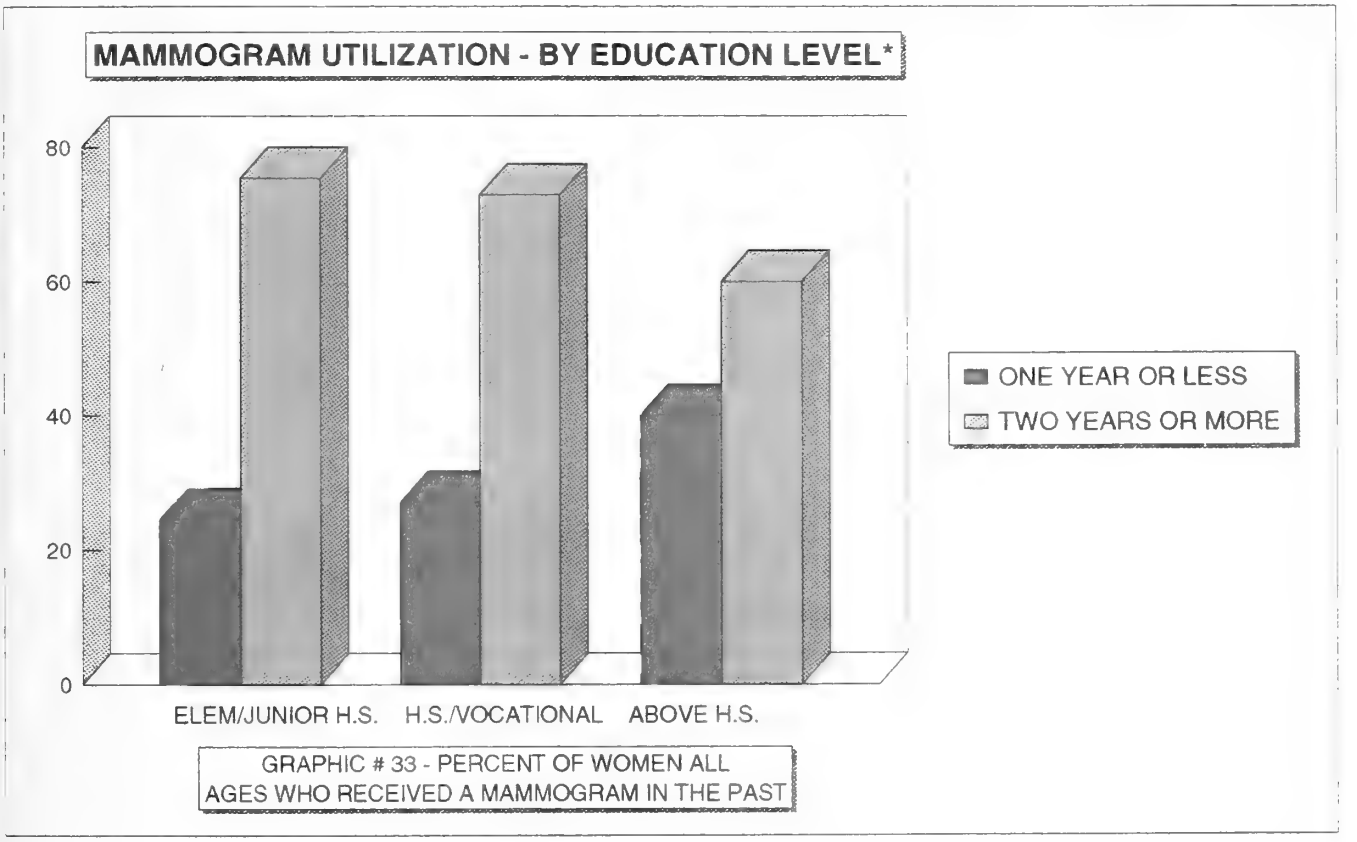


Q-134 Where did you get your children's immunizations?
GRAPHIC # 32

In the United States, most of the school age children are fully vaccinated for school entry because this is a requirement in all states. However, this is not the case with preschool children, a large number of whom are not completely immunized. According to CDC, the major reasons for these low immunizations rates are, the poor organization of immunization services, inadequate tracking of children's immunizations, and the high cost of vaccines in the U.S.. This graphic shows where the respondents went to get their children's immunizations. Almost 44% of the children surveyed were immunized at the City of Laredo Health Department's immunization clinic.

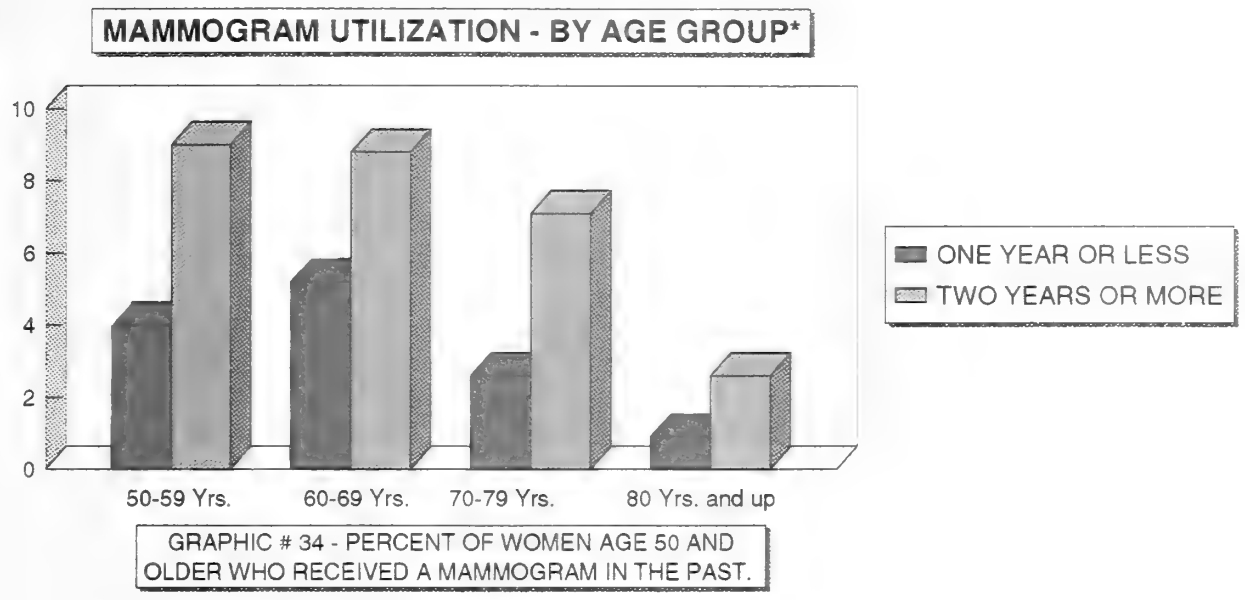
4.3 CLINICAL PREVENTIVE SERVICES

Breast cancer is the most common type of cancer among women, accounting for an estimated 182,000 new cases in 1994 in the U.S.. It is the second leading cause of cancer death in women (after lung cancer), with approximately 46,000 deaths for the same year. The average woman has one chance in nine of developing breast cancer during her lifetime. Major risk factors for breast cancer are age (over 50), and personal or family (first degree relative) history of breast cancer. Other factors associated with very modest increases in risk include first pregnancy after 30 years of age, nulliparity, menarche before 12 years of age, menopause after 50 years of age, postmenopausal obesity, some types of benign breast disease, high socioeconomic status and a personal history of ovarian or endometrial cancer. (Source: Clinician's Handbook of Preventive Services.) Two procedures utilized for breast cancer screening are a clinical breast exam (manual examination by a nurse or physician) and a mammogram. Mammography is the most effective means of early detection for breast cancer, with sensitivity estimates of 70% to 90% and specificity estimates of 90% to 95% The following cross- tabbed variables show the respondent's frequency for this procedure during the last year.

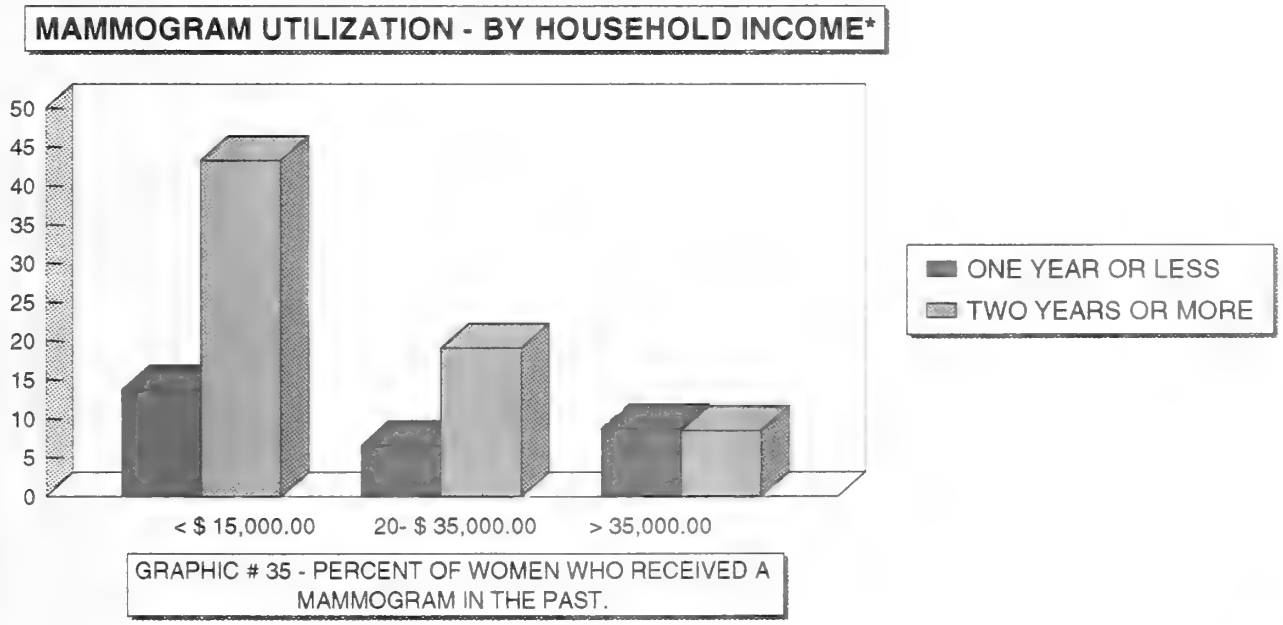


GRAPHIC # 33 - PERCENT OF WOMEN ALL AGES WHO RECEIVED A MAMMOGRAM IN THE PAST

This graphic depicts the respondent's frequency for having this procedure done during the last year, cross-tabbed by educational level group. More women from the "elementary/junior H.S." education level group had mammograms done during the last year than the other groups. Only 29% of the women have had a mammogram done during the last year, the Year 2000 Objective calls for 60% of women of all ages. Most major authorities recommend yearly screening for women 50 and older, and every 2 years for the rest, with the exception of the high risk group.



GRAPHIC # 34 - PERCENT OF WOMEN AGE 50 AND OLDER WHO RECEIVED A MAMMOGRAM IN THE PAST.



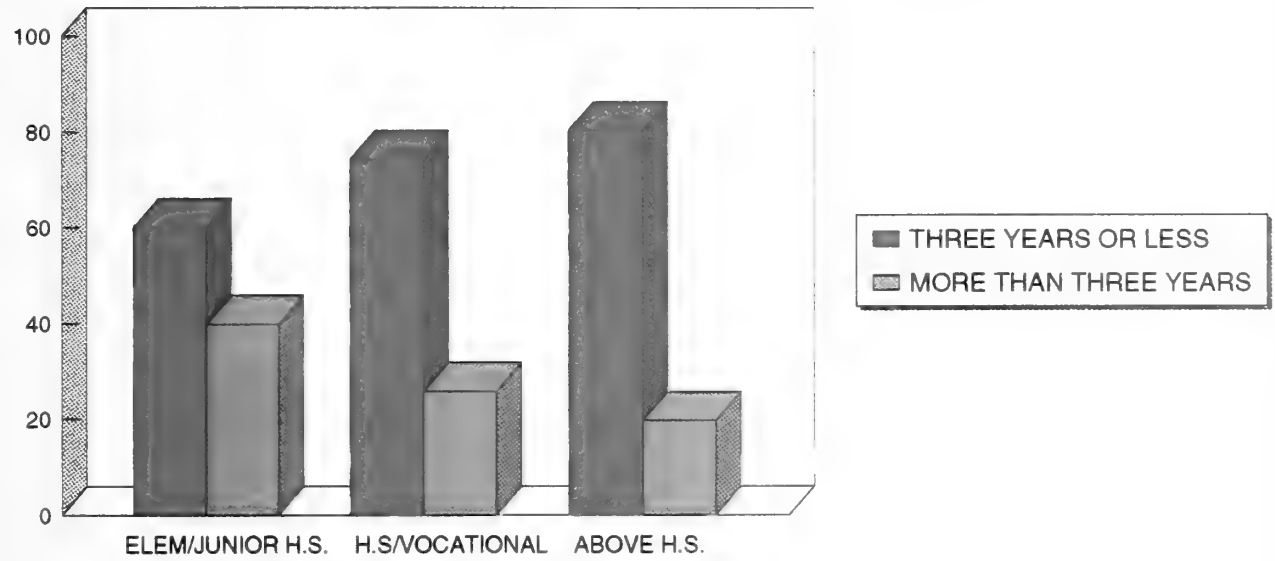
GRAPHIC # 35 - PERCENT OF WOMEN WHO RECEIVED A MAMMOGRAM IN THE PAST.

These graphics depict the respondent's frequency for having this procedure done during the last year, cross-tabbed by age group and household income group. Only 12.7% of the women from these age groups received a mammogram during the last year; on the other hand, almost twice as many women from the lower household income group had a mammogram during the last year than the other two groups combined. This outcome is potentially related to a grant (s) to the Health Department that pays for the costs for low income women.

4.3 CLINICAL PREVENTIVE SERVICES

Close to 15,000 cases of invasive cervical cancer are diagnosed per year in the U.S., and approximately 4,600 women died of cervical cancer in the United States in 1994. Risk factors for cervical cancer include early age at first intercourse, having multiple sex partners and smoking. Carcinoma in situ rates peak for both black and white women between 20 and 30 years of age. Over 25% of invasive cervical cancers occur in women older than 65, and 40% to 50% of all women who die from cervical cancer are over 65 years of age. In some areas, as many as 75% of women over 65 years of age have not had a pap smear within the previous five years. (Source: Clinician's Handbook of Preventive Services, 1994.) The development of cancer screening tests has been among the significant medical advances of recent times. Early detection of cancer, while still localized, can greatly improve survival. One of the oldest screening tests is the Papanicolaou test for cervical cancer. The Year 2000 Objectives call for at least 85% of the women to have received a pap test in the past three years. According to the 1987 National Health Interview Survey, utilization for Hispanic women and for poor women remained low, with little improvement since 1985. The following cross-tabbed variables show the respondent's frequency for having the pap smear procedure done during the past three years.

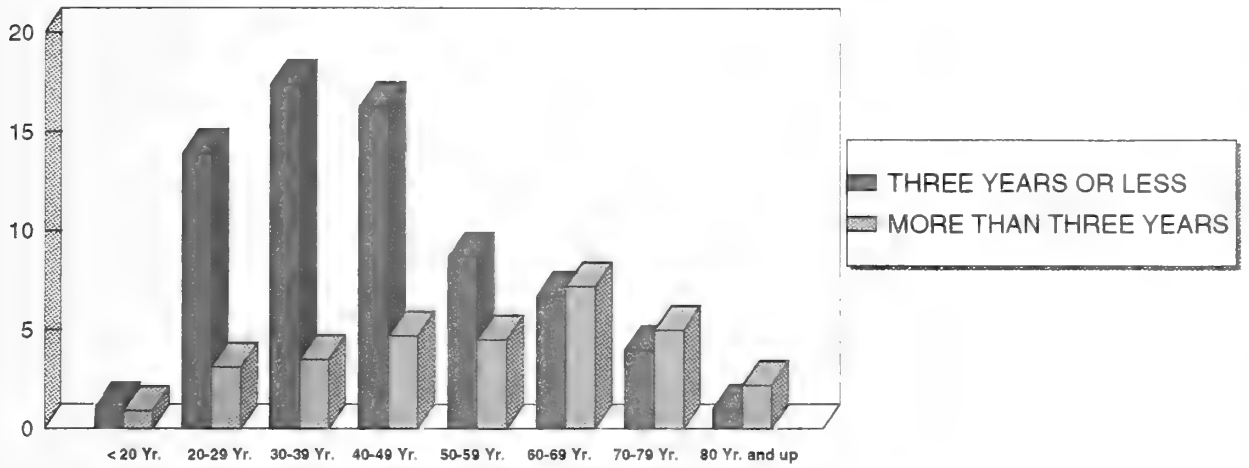
PAPANICOLAOU SMEAR UTILIZATION - BY EDUCATION LEVEL*



GRAPHIC # 36 - PERCENT OF WOMEN ALL AGES WHO RECEIVED A PAP SMEAR IN THE PAST

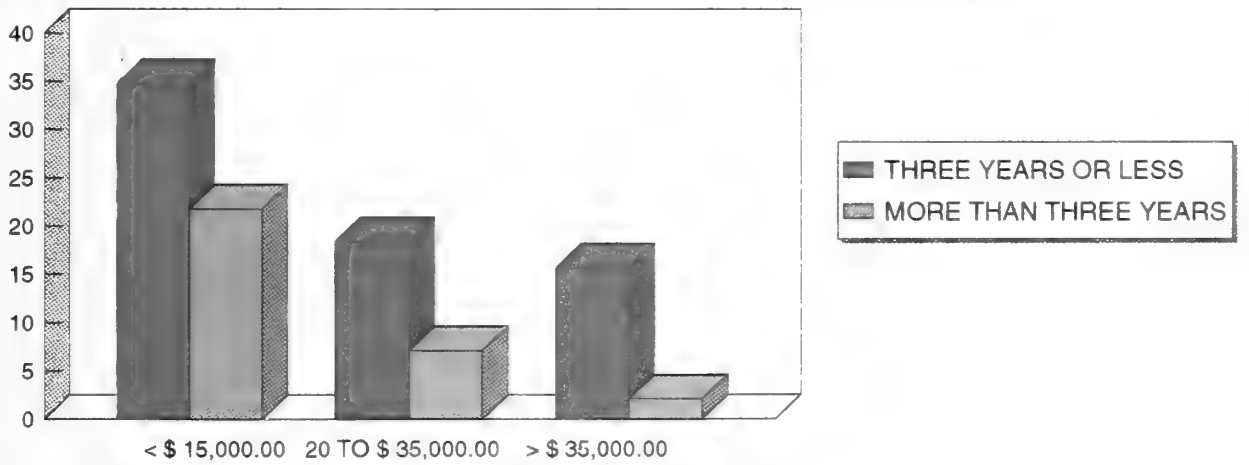
This graphic depicts the respondent's frequency for having a pap test done during the last three years, cross-tabbed by educational group. Respondents from the "elementary/junior H.S." education level group scored lower than the other two groups. The total percentage of women who received a pap smear test during the last three years is 69%, which is below the Year 2000 Objectives.

PAPANICOLAOU SMEAR UTILIZATION - BY AGE GROUP*



GRAPHIC # 37 - PERCENT OF WOMEN WHO RECEIVED A PAP SMEAR IN THE PAST.

PAPANICOLAOU SMEAR UTILIZATION - BY HOUSEHOLD INCOME*



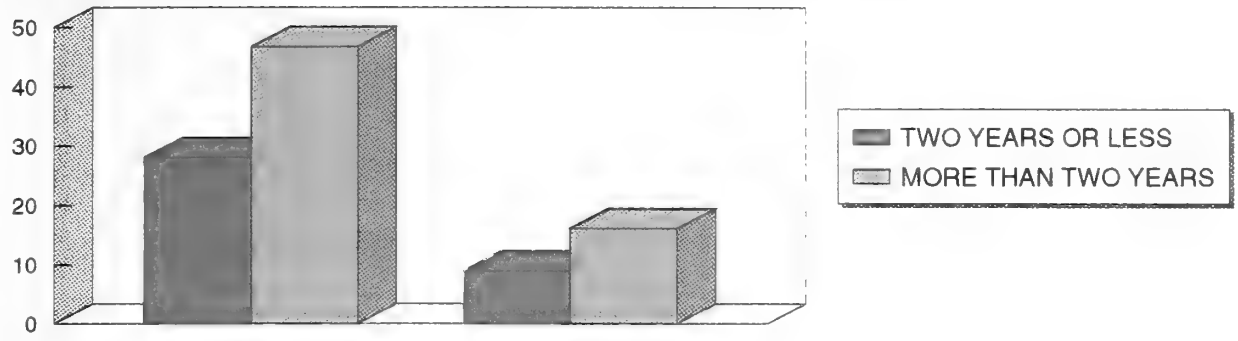
GRAPHIC # 38 - PERCENT OF WOMEN ALL AGES WHO RECEIVED A PAP TEST IN THE PAST.

These graphics depict the respondent's frequency for having this procedure during the last three years, cross-tabbed by age group and household group. More women from the < $ 15,000.00 household income group had pap smears done in the last three years than the other two groups combined. Women from the age groups 20 to 49 years had more pap smears than the other age groups, 47.6% of the total.

4.3 CLINICAL PREVENTIVE SERVICES

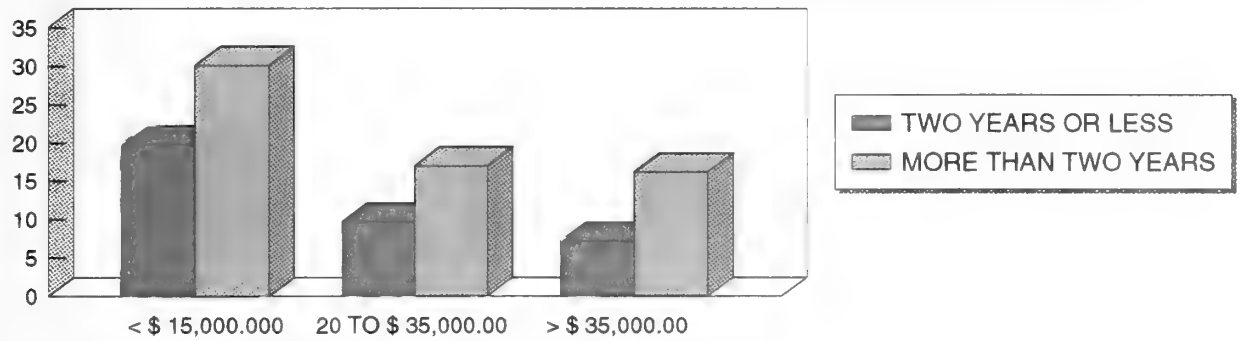
Colorectal cancer is the second leading cause of death from cancer in the United States, affecting men and women equally, with approximately 56,000 deaths in 1994. Invasive colorectal cancer is the most preventable visceral cancer, most cases arise from adenomatous polyps that take approximately 10 years to progress to an invasive stage. One of the screening procedures for colorectal cancer is the digital rectal examination, which should be included in the periodic health examinations of individuals 40 years of age and older. The following cross-tabbed variables explore the respondent's frequency of this procedure during the last two years.

DIGITAL RECTAL EXAMINATION FREQUENCY - BY GENDER



GRAPHIC # 39 - PERCENT OF MEN AND WOMEN WHO RECEIVED A DIGITAL RECTAL EXAMINATION IN THE PAST.

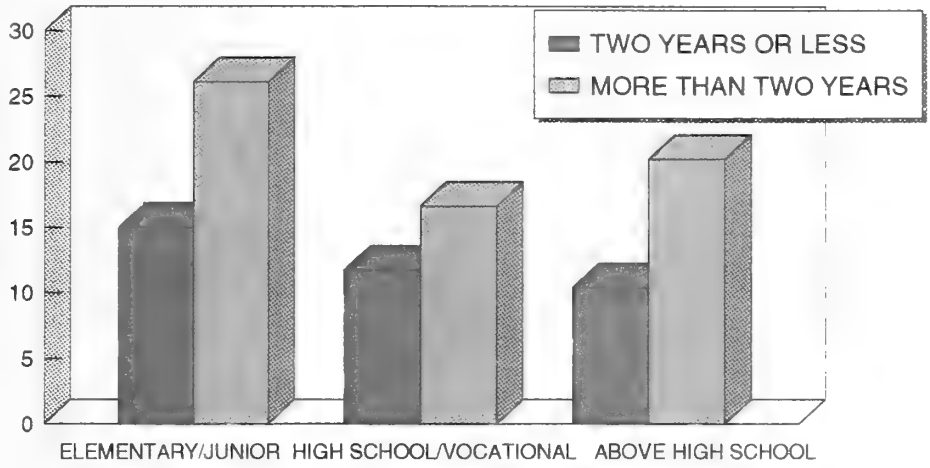
DIGITAL RECTAL EXAMINATION FREQUENCY - BY HOUSEHOLD INCOME*



GARPHIC # 40 - PERCENT OF MEN AND WOMEN ALL AGES WHO RECEIVED A DIGITAL RECTAL EXAMINATION.

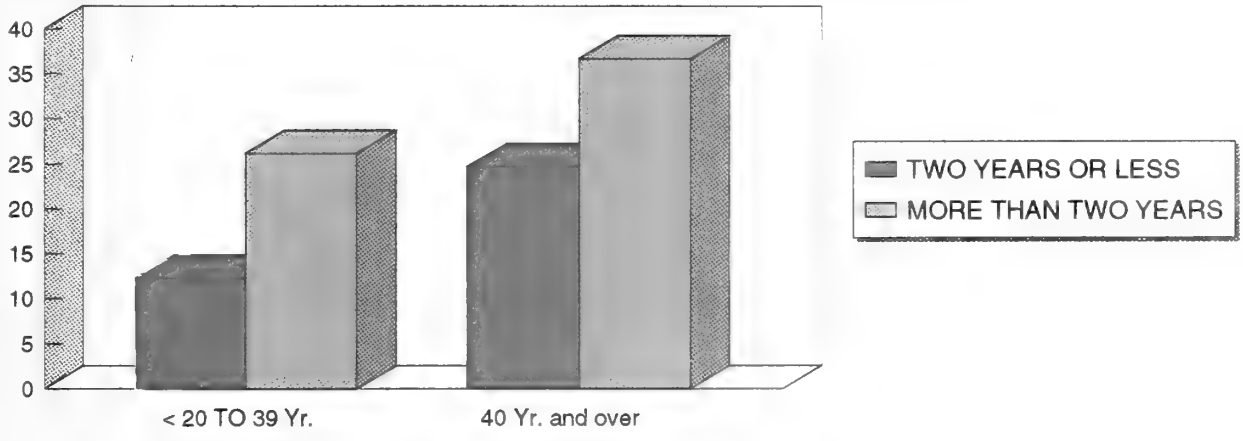
These graphics depict the respondent's frequency for having this procedure during the last two years, cross- tabbed by gender and household income group. Female respondents received more digital rectal exams during the last two years than male respondents; still, both are drastically below the year 2000 Objectives. Almost 20% of the respondents from the lower household income group received the procedure during the last two years, more than twice than the other two groups combined. The difference is probably the result of more community programs targeting low household income groups.

DIGITAL RECTAL EXAMINATION FREQUENCY - BY EDUCATION LEVEL



GRAPHIC # 41 - PERCENT OF PERSONS WHO RECEIVED A DIGITAL RECTAL EXAMINATION.

DIGITAL RECTAL EXAMINATION FREQUENCY- BY AGE GROUP*



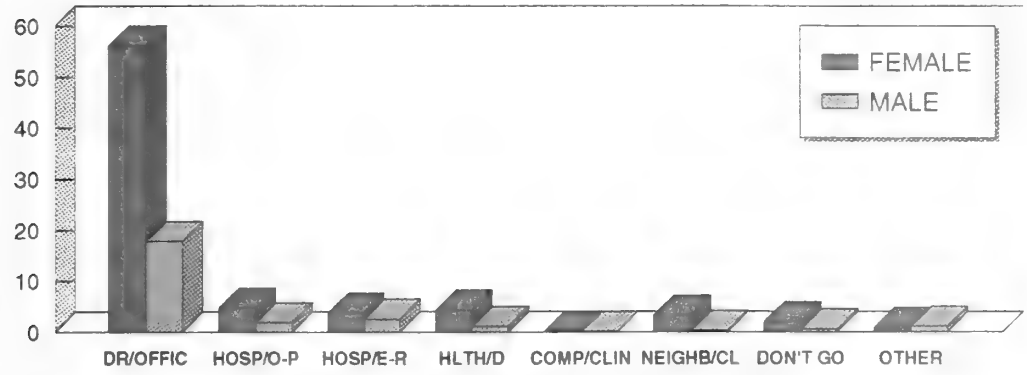
GRAPHIC # 42 - PERCENT OF PERSONS WHO RECEIVED A DIGITAL RECTAL EXAMINATION

These graphics depict the respondent's frequency for having this procedure during the last two years, cross-tabbed by educational level group and age group. Respondents from the elementary/junior H.S." education level had more digital rectal examinations during the last two years than the other two groups. Respondents from the age group 40 years and over had more than twice the number of digital rectal examinations during the last two years compared with the other age group.

4.4 PRIMARY CARE SERVICES

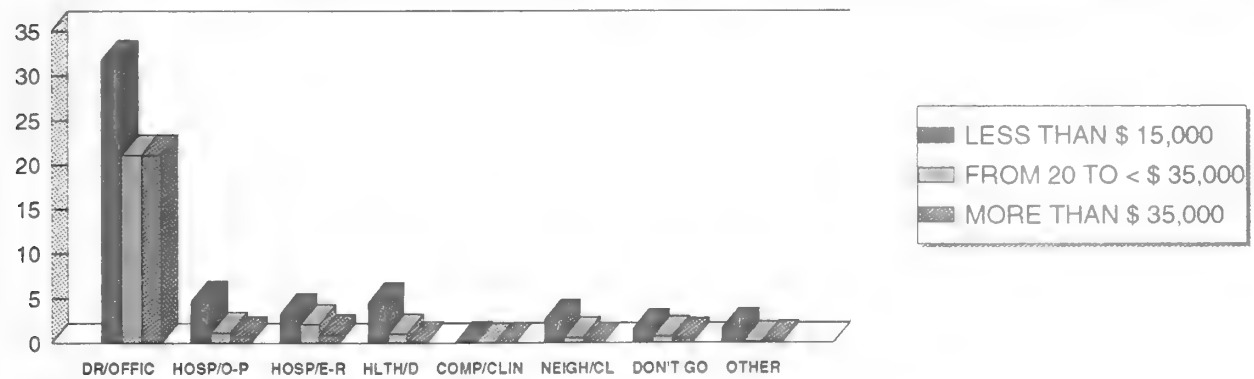
Children and adults require access to routine primary care services. The frequency of such care is determined in part by their income and their health insurance coverage. Adults ages 18 to 64 who lack insurance coverage have significantly fewer physician contacts than do privately insured adults. This is true for the low income group as well as for those with higher incomes. In 1990, a low income person with no health insurance saw or spoke with a physician about four times over the course of the year, compared with six contacts for low income persons who did have private insurance. (Source: National Health Interview Surveys, by the Center for Health Economics Research.) The next cross-tabbed variables display the respondent's preference for primary care service sources.

WHERE LAREDOANS RECEIVE HEALTH CARE - SOURCE TYPE BY GENDER*



GRAPHIC # 43 - PERCENT OF PERSONS WHO RECEIVE PRIMARY CARE SERVICES.

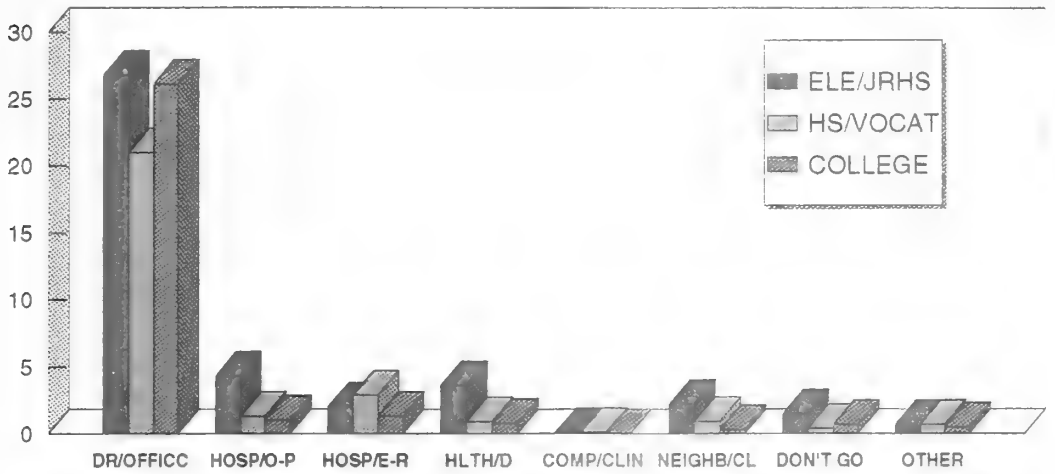
WHERE LAREDOANS RECEIVE HEALTH CARE - SOURCE TYPE BY HOUSEHOLD INCOME



GRAPHIC # 44 - PERCENT OF PERSONS WHO RECEIVED PRIMARY CARE SERVICES.

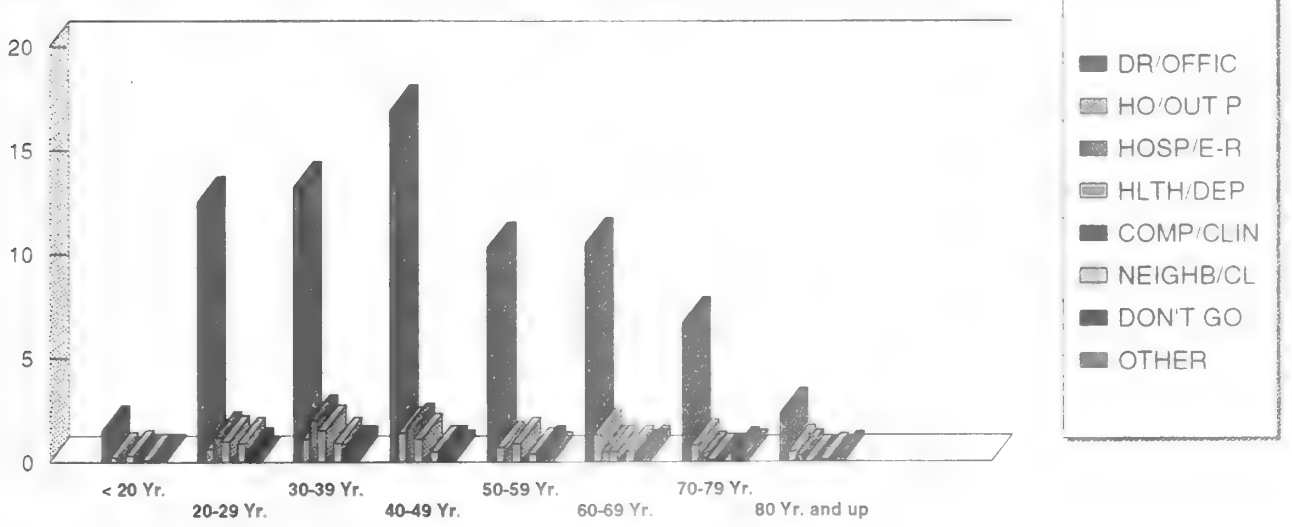
These graphics depict the respondent's source of primary care services; cross-tabbed by gender and household income group. Doctor's office is the main source of primary care services for both females and males surveyed. In relation to household income, all groups scored high for doctor's office, especially respondents from the lower income group.

WHERE LAREDOANS RECEIVE HEALTH CARE- SOURCE TYPE BY EDUCATION LEVEL*



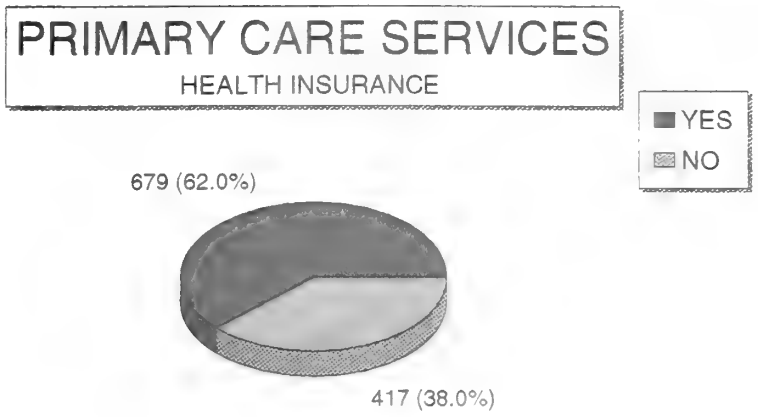
GRAPHIC # 45 - PERCENT OF PERSONS WHO RECEIVED PRIMARY CARE SERVICES.

WHERE LAREDOANS RECEIVE HEALTH CARE - SOURCE TYPE BY AGE GROUP



GRAPHIC # 46 - PERCENT OF PERSONS WHO RECEIVED PRIMARY CARE SERVICES.

These graphics depict the respondent's source of primary care services, cross- tabbed by educational level group. A doctor's office is the main source of primary care services for respondents from all educational level groups.The rest of the options scored below five percent. The main source of primary care services received by age group is also the doctor's office, especially for the 20 to 49 year age group. The rest of the options scored less than five percent.

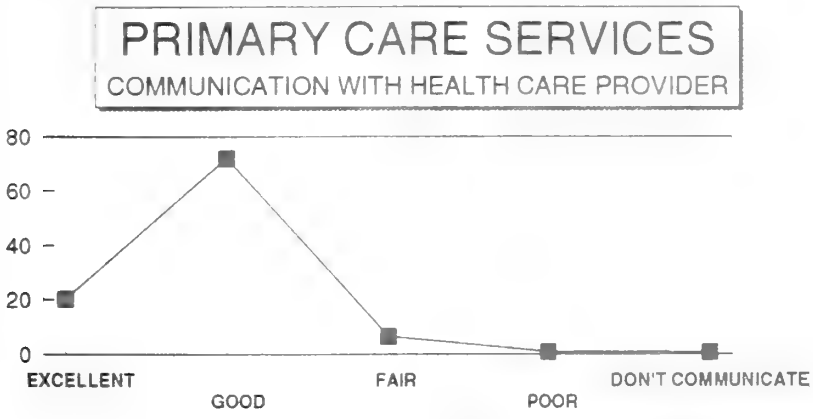


Q-42 Do you have health/medical insurance?
GRAPHIC # 47

This graphic shows the percentage of respondents with health insurance.
The respondent's health insurance covers the spouse in 3.8% of the cases, children in 11.3%, and there is a family plan in 20.8% of the households. Only 24.8% of the respondents exceed the deductible, and 58% percent of the respondents did not have health insurance in the past. Finally, the reason for not having health insurance is "cost" for 72.5% of the people surveyed, followed by "discontinuation of employment," 18.2%.

GRAPHIC # 48-Q-54 When you feel sick or need advice about your health, do you have a choice regarding which clinic or doctor you can go to?

This graphic depicts the percentage of respondents who have a choice regarding which clinic or doctor they want to see if needed.
Approximately 51% of the people surveyed strongly agree that they only need to visit the doctor when they are very ill. A doctor's office is the choice for seeking medical services for 73.9% of the respondents

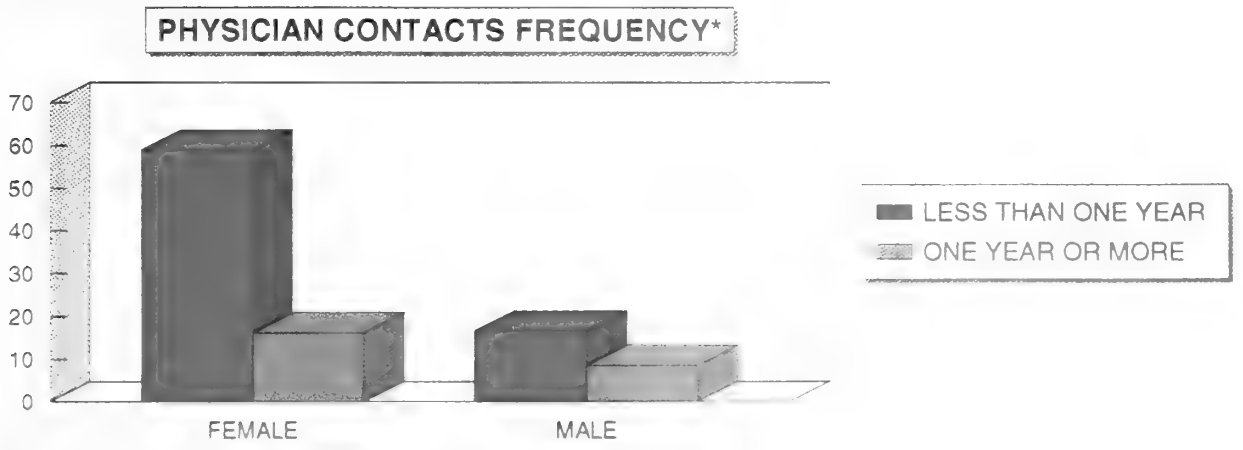


GRAPHIC # 49 - Q-64 How would you rate your ability to communicate with your health care provider?

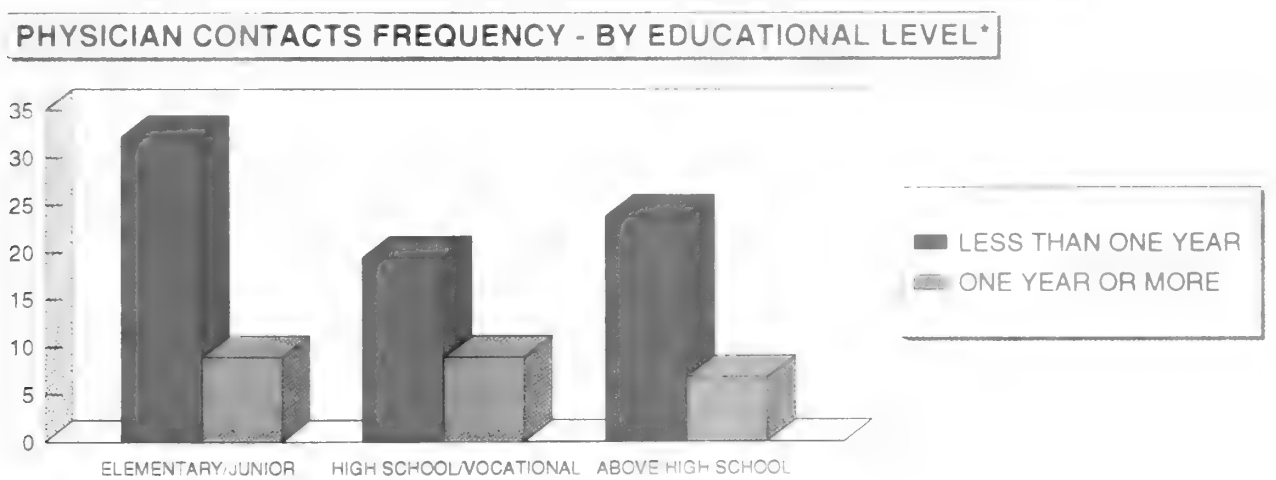
This graphic shows the respondent's rate for communication with their health provider. Twenty percent of the people have excellent rapport with their health care provider, 71.9% rate it as good and 6.4% as fair.

4.4 PRIMARY CARE SERVICES

Adults visit primary care physicians for many reasons: treatment of acute illnesses, monitoring of chronic diseases, detection of new diseases or disabilities in their early stages, and prevention of future chronic conditions. In addition, adequate and timely primary ambulatory care may prevent hospitalization for chronic diseases, such as diabetes, hypertension, asthma and heart failure. Such preventable measures against inadvertent hospitalizations are known as ambulatory care sensitive admissions. An increase in these admissions may signal potential problems in the delivery of primary care services. The following cross- tabbed variables represent the respondent's frequency of physician contacts.



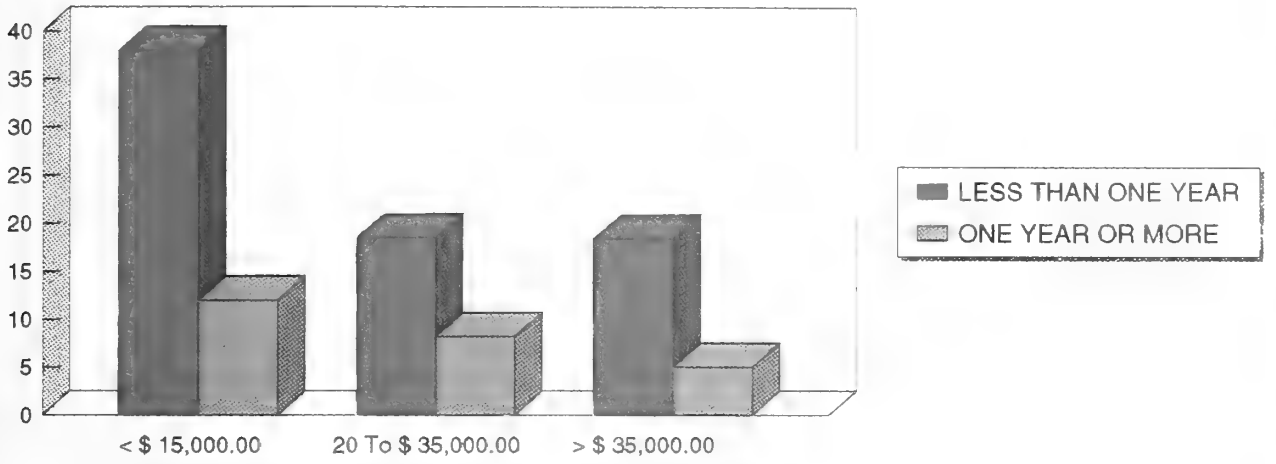
GRAPHIC # 50 - PERCENT OF PERSONS ALL AGES WHO RECEIVED A MEDICAL CONSULTATION - BY GENDER



GRAPHIC # 51 - PERCENT OF PERSONS ALL AGES WHO RECEIVED A MEDICAL CONSULTATION IN THE PAST.

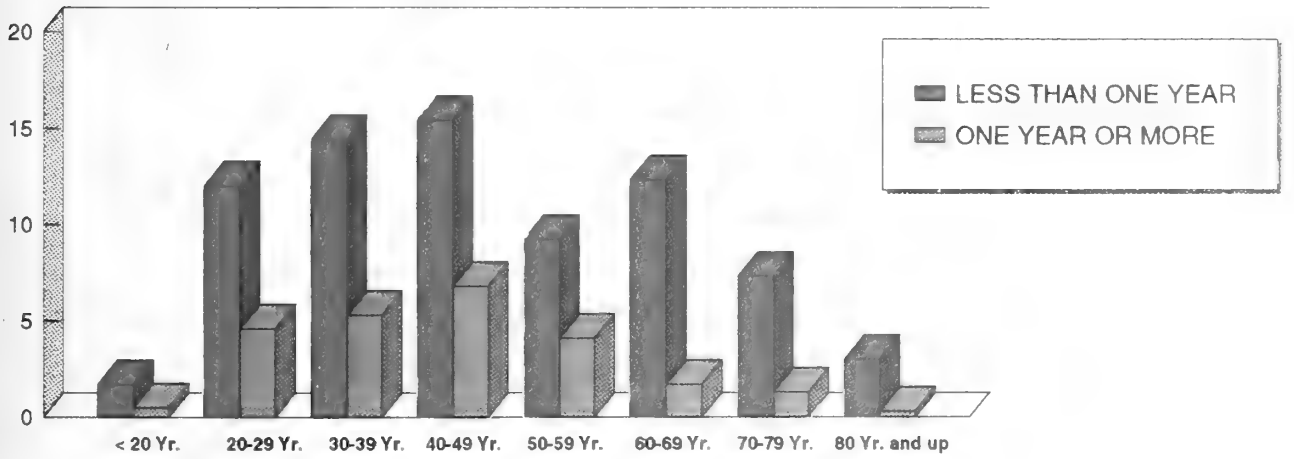
These graphics depict the respondent's frequency for physician contacts, cross-tabbed by gender and educational level group. Female respondents have more physician contacts per year than males. Respondents from the educational level "elementary/junior H.S." have more physician contacts per year than the other two groups.

PHYSICIAN CONTACTS FREQUENCY - BY HOUSEHOLD INCOME*



GRAPHIC # 52 - PERCENT OF PERSONS ALL AGES WHO RECEIVED A MEDICAL CONSULTATION IN THE PAST.

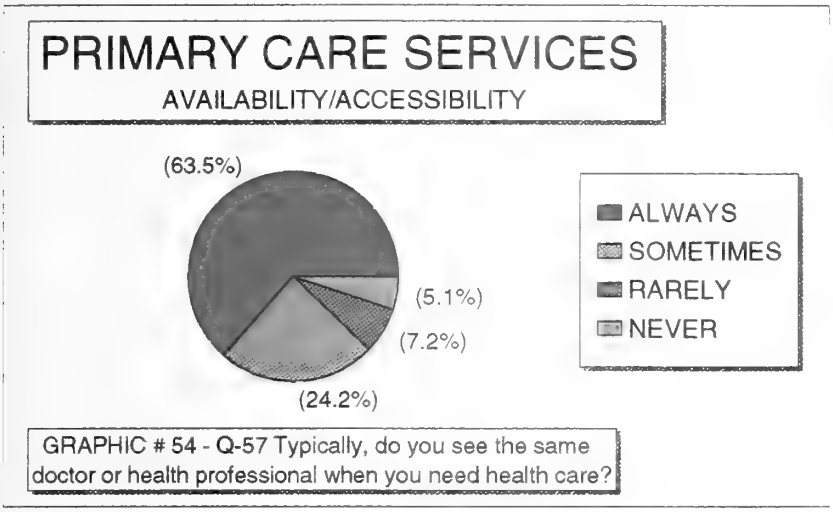
PHYSICIAN CONTACTS FREQUENCY - BY AGE GROUP*



GRAPHIC # 53 - PERCENT OF PERSONS WHO RECEIVED A MEDICAL CONSULTATION IN THE PAST.

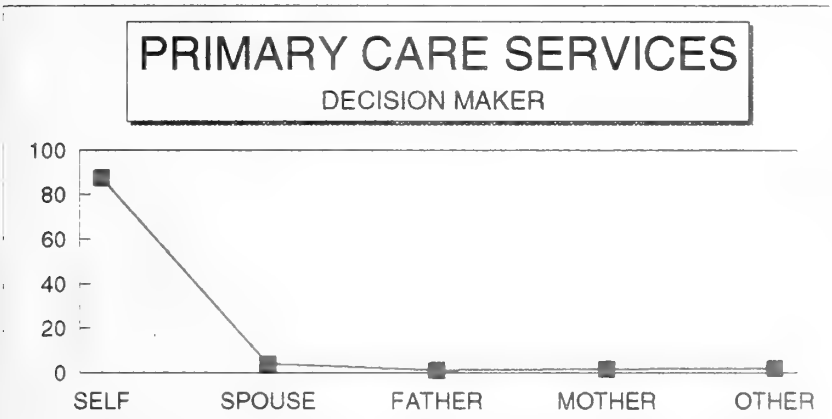
These graphics depict the respondent's frequency for physician contacts, cross-tabbed by household income group and age group. Respondents from the < $ 15,000.00 household income group scored two times higher on physician contacts per year than the other two groups. Respondents from the age groups 30 to 39 years and 40 to 49 years visit their physician more frequently than the other age groups perhaps because more persons from these age groups have more physician contacts due to needs of younger family members.

4.4 PRIMARY CARE SERVICES



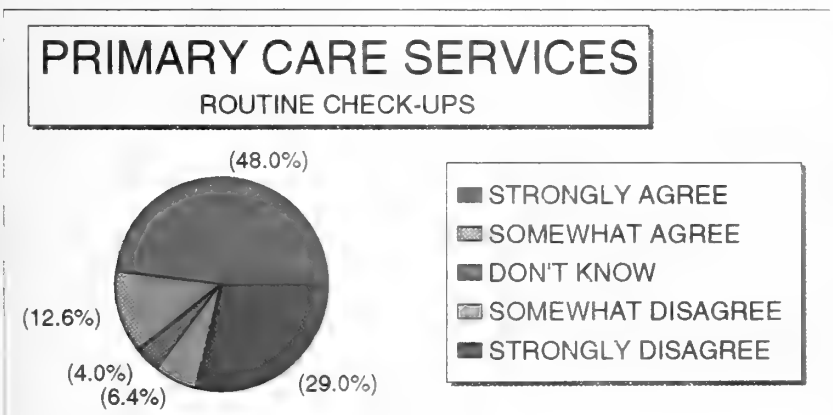
GRAPHIC # 54 - Q-57 Typically, do you see the same doctor or health professional when you need health care?

This graphic displays the respondent's visits to the same health care provider. Almost 64% of the people visit the same provider, 24.2% visit sometimes, 7.2% visit rarely and 5.1% never. The most common reason not to visit the same health care provider is availability of health professionals depending on the type of health problem. Other reasons are a long waiting period and not having a regular doctor.



GRAPHIC # 55 - Q-63 Who in the family makes the desicion regarding health medical services for your children and/or other family members?

This graphic shows the family member who makes decisions regarding what type of medical services will be sought for the family and when. In more than 80% of the household, the housewife makes the decision for the entire family.

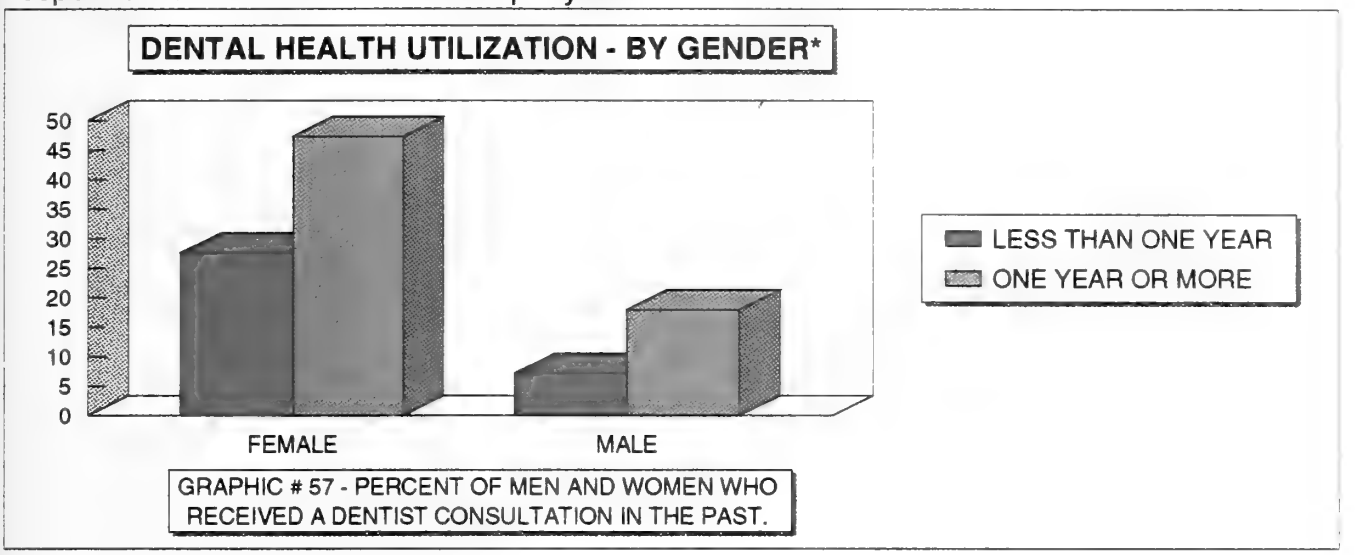


GRAPHIC # 56 - Q-52 Even when I am not sick, I visit my doctor for routine check-ups.

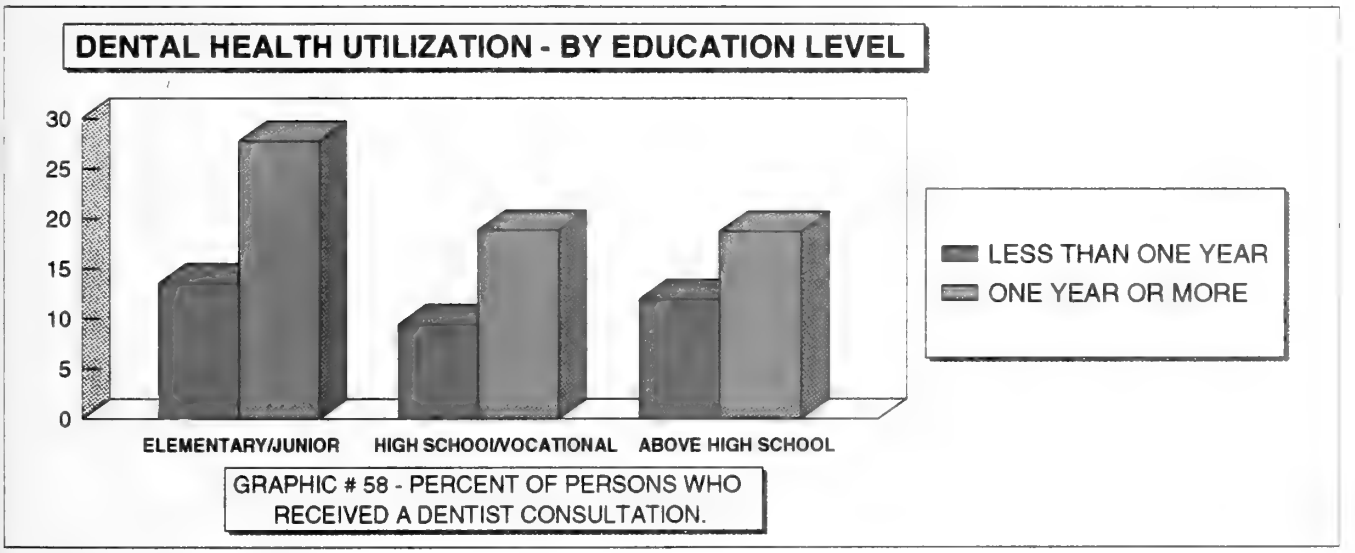
This graphic shows that 48% of the people surveyed agree with the need for routine medical check-ups. However, more than 35% of the respondents visit their doctor only when they feel very ill.

4.4 PRIMARY CARE SERVICES

Dental problems are a sentinel indicator of inadequate access to primary care services. Dental problems and oral cavity diseases are preventable through routine, periodic dental care. Clinical guidelines indicate that oral health counseling and dental check-ups should be performed regularly. To meet the Year 2000 objective for dental visits, 70% of the adults should have one dental consultation per year. The following cross- tabbed variables explore the respondent's number of dental visits per year.



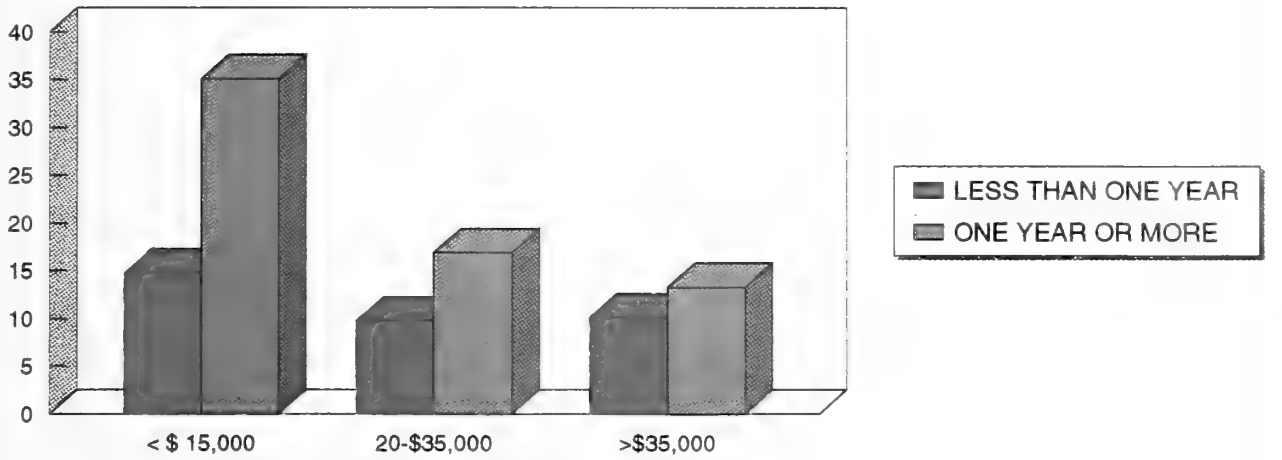
GRAPHIC # 57 - PERCENT OF MEN AND WOMEN WHO RECEIVED A DENTIST CONSULTATION IN THE PAST.



GRAPHIC # 58 - PERCENT OF PERSONS WHO RECEIVED A DENTIST CONSULTATION.

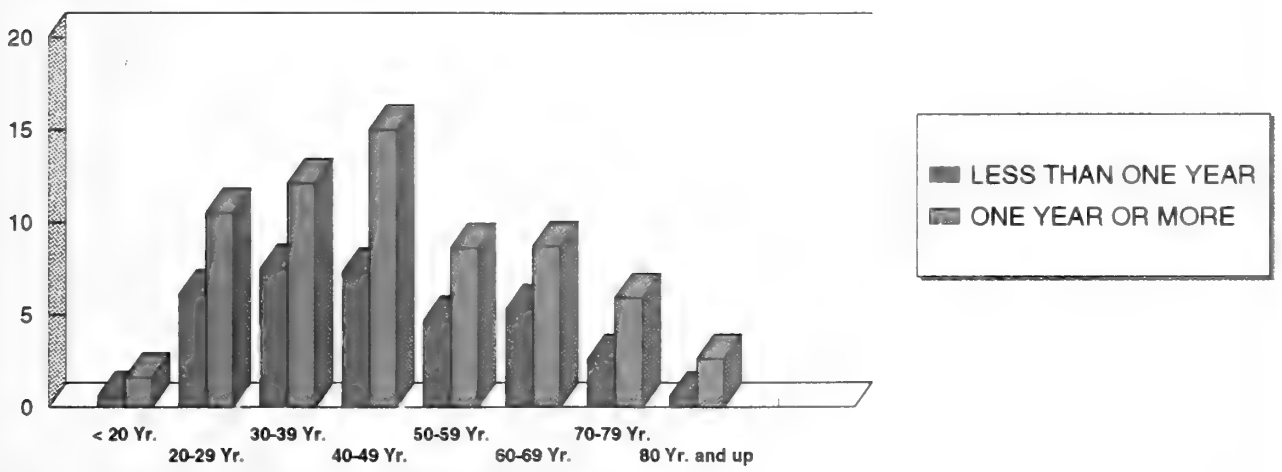
These graphics depict the respondent's frequency of dental visits per year, cross-tabbed by gender and educational level group. Females visit the dentist more frequently than men per year with almost 50% doing so which is much lower that the 70% Year 2000 Objective. Regarding educational level, respondents from the "elementary/junior H.S." group scored slightly higher the other than two groups on frequency for dental consultations per year. Only 46% of the respondents described the condition of their natural teeth as being good or excellent.

DENTAL HEALTH UTILIZATION - BY HOUSEHOLD INCOME*



GRAPHIC # 59 - PERCENT OF PERSONS WHO RECEIVED A DENTIST CONSULTATION IN THE PAST.

DENTAL HEALTH UTILIZATION - BY AGE GROUP



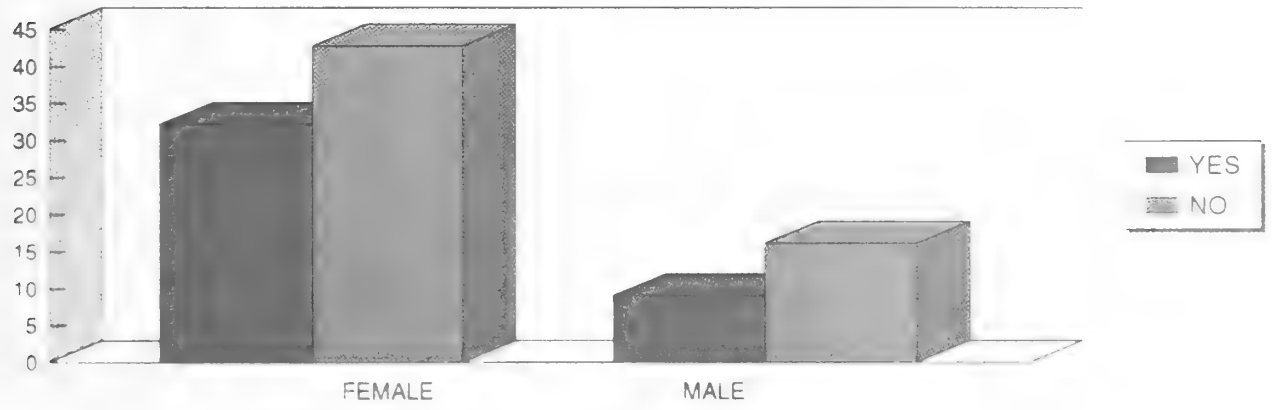
GRAPHIC # 60 - PERCENT OF PERSONS WHO RECEIVED A DENTIST CONSULTATION IN THE PAST.

These graphics depict the respondent's frequency of dental visits per year, cross-tabbed by household income group and age group. Paradoxically, more low income respondents received a dental consultation within the last year than respondents with higher income, which is related to publically provided dental care to low income persons. Respondents from the age groups 20 to 49 years scored higher on this category than the rest of the age groups.

4.5 ALTERNATIVE CARE

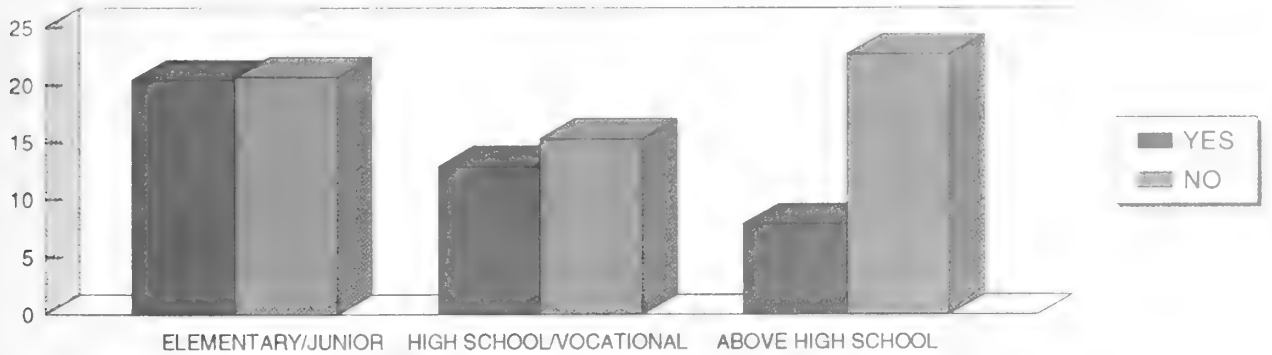
Primary care services for the adult population are largely provided by general and family practitioners and internists. Many physicians in these specialties are reluctant to locate their practices in low income geographic areas. Despite rapid growth in the number of physicians during the 1980s, they continue to locate in geographic areas with higher SES or urban areas (Source: Association of American Medical Colleges). Historically, Laredo/Webb county has been a medically under-served community; therefore, part of the population seeks medical services in Nuevo Laredo, Mexico. The following cross-tabbed variables measure the respondent's preference for seeking primary care services in Mexico.

LAREDOANS RECEIVING HEALTH CARE IN MEXICO - BY GENDER*



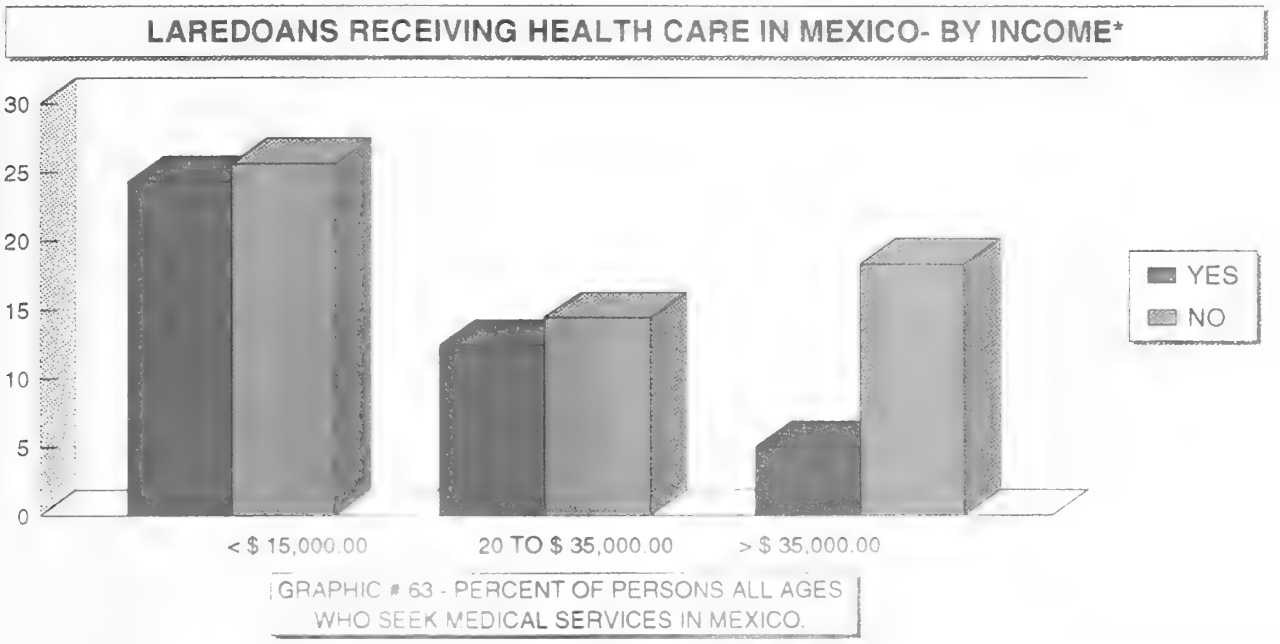
GRAPHIC # 61 - PERCENT OF MEN AND WOMEN ALL AGES WHO SEEK MEDICAL SERVICES IN MEXICO.

LAREDOANS RECEIVING HEALTH CARE IN MEXICO- BY EDUCATION LEVEL*

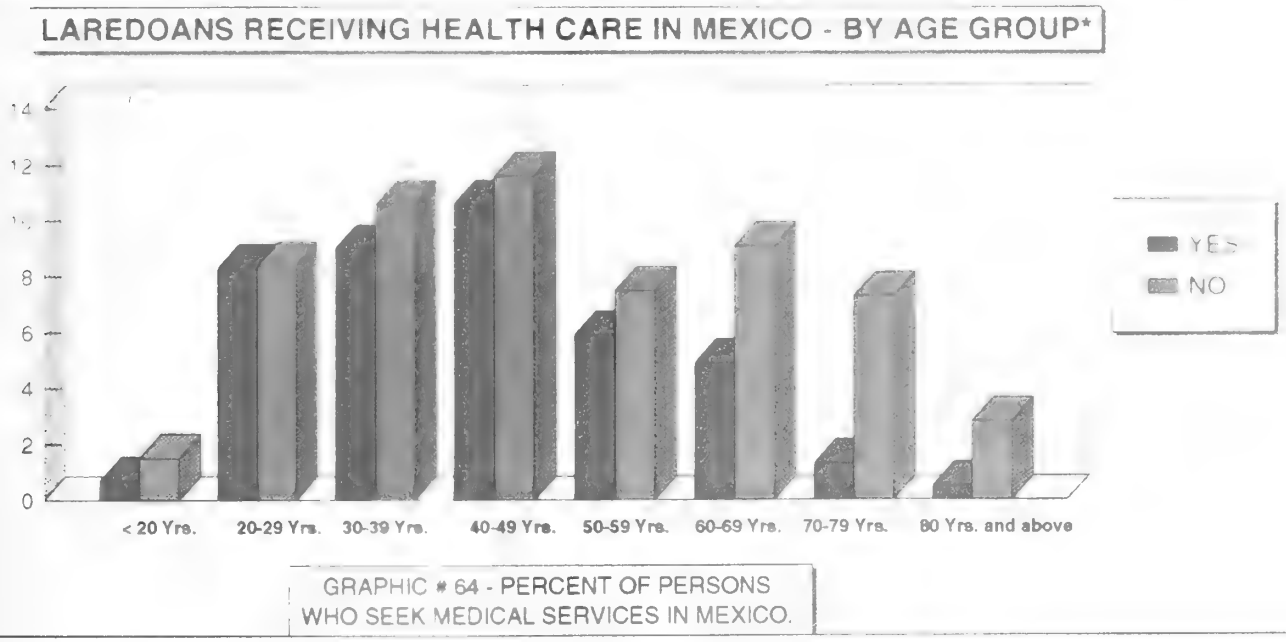


GRAPHIC # 62 - PERCENT OF PERSONS ALL AGES WHO SEEK MEDICAL SERVICES IN MEXICO.

These graphics depict the respondent's preference for seeking primary care services in Nuevo Laredo, Mexico, cross-tabbed by gender and educational level group. More females seek medical services in Nuevo Laredo than males. Regarding educational level, respondents from the "elementary/junior H.S." group scored much higher than the other educational groupings with regards to obtaining care in Mexico.



GRAPHIC # 63 - PERCENT OF PERSONS ALL AGES WHO SEEK MEDICAL SERVICES IN MEXICO.



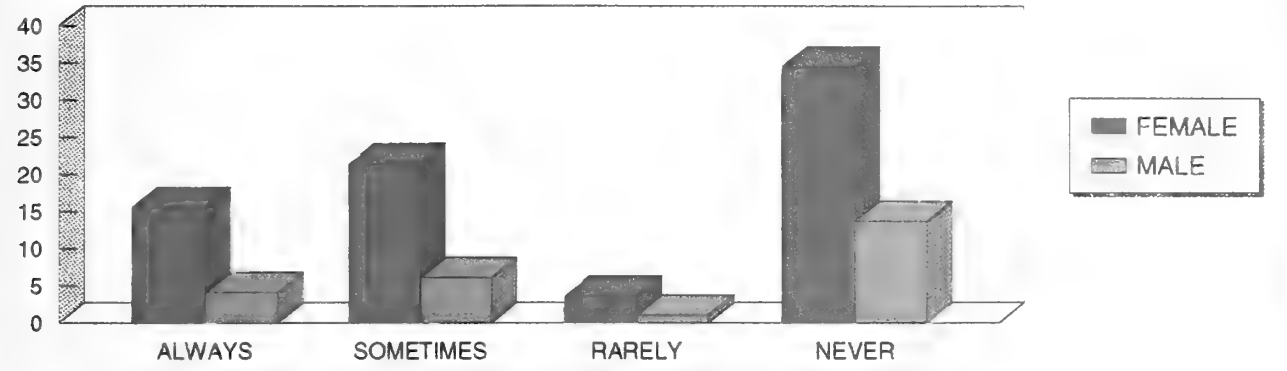
GRAPHIC # 64 - PERCENT OF PERSONS WHO SEEK MEDICAL SERVICES IN MEXICO.

These graphics depict the respondent's preference for seeking primary care services in Nuevo Laredo, Mexico, cross-tabbed by household income group and age group. The majority of the respondents who seek medical services in Nuevo Laredo belong to the lower income group and to the 20 to 49 year age groups for a total of 41% of the sample surveyed.

4.5 ALTERNATIVE CARE

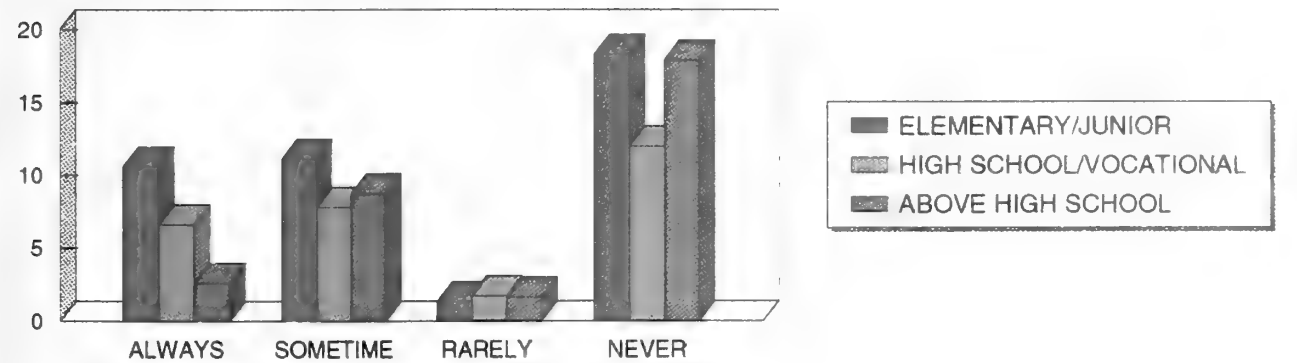
The use of non-prescribed medications among residents of the U.S/Mexico border cities is a common practice since most medications in Mexican pharmacies are available over-the-counter, including many of those which require a prescription in the U.S.. The scarcity of primary care services for low income people and the high cost of the medications in U.S. pharmacies contribute to the uncontrolled use and abuse of certain medications particularly antibiotics, pain killers, hormone medications and medications for chronic diseases, such as diabetes, hypertension and arthritis. Almost 40% of the people surveyed purchase medications in Nuevo Laredo frequently. The following cross- tabbed variables depict the respondent's preference for the use of medications acquired in Mexico.

LAREDOANS OBTAINING MEDICATIONS IN MEXICO- BY GENDER*



GRAPHIC # 65 - PERCENT OF MEN AND WOMEN OF ALL AGES WHO PURCHASE MEDICATIONS IN MEXICO.

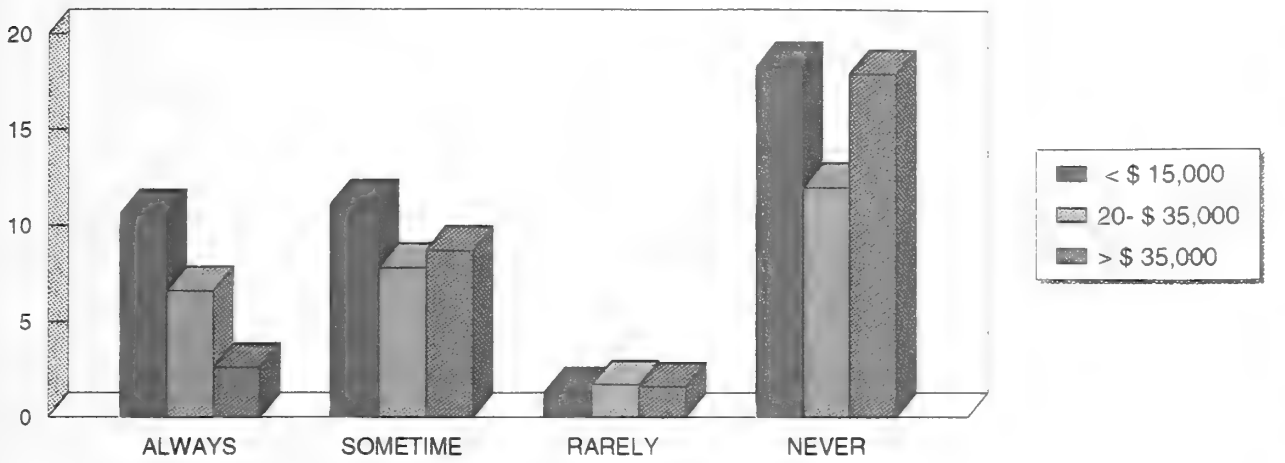
LAREDOANS OBTAINING MEDICATIONS IN MEXICO- BY EDUCATION LEVEL*



GRAPHIC # 66 - PERCENT OF PERSONS OF ALL AGES WHO PURCHASE MEDICATIONS IN MEXICO.

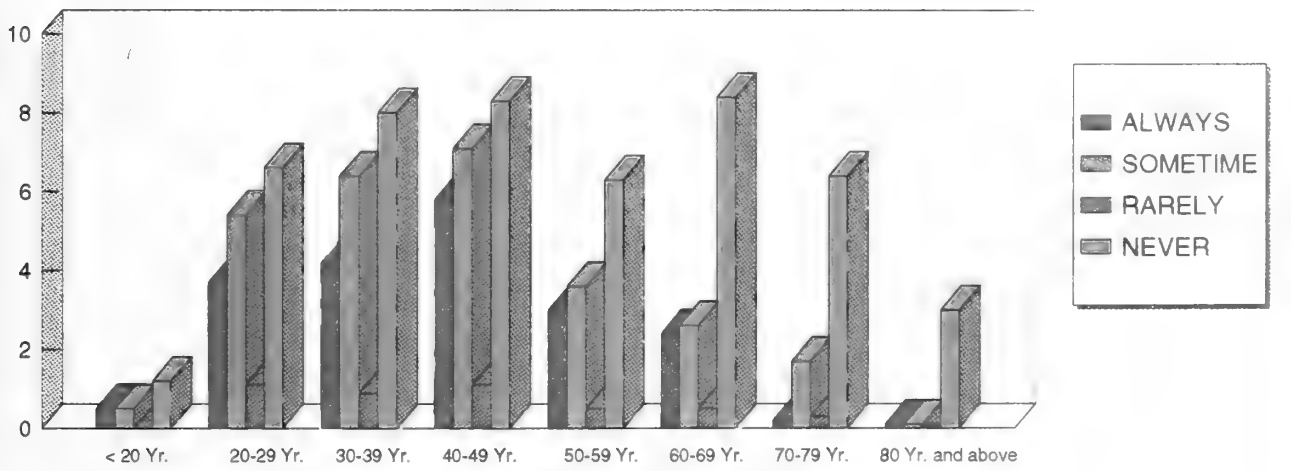
These graphics depict the respondent's preference for purchasing medications in Nuevo Laredo, Mexico, cross-tabbed by gender and educational group. Females purchase more medications across than males and the respondents from the "elementary/junior H.S." education group scored higher than the rest of the groups. Overall, 48.2% of the respondents stated that they never purchase medications in Mexico.

LAREDOANS OBTAINING MEDICATIONS IN MEXICO- BY INCOME*



GRAPHIC # 67 - PERCENT OF PERSONS OF ALL AGES WHO PURCHASE MEDICATIONS IN MEXICO.

LAREDOANS OBTAINING MEDICATIONS IN MEXICO- BY AGE GROUP*



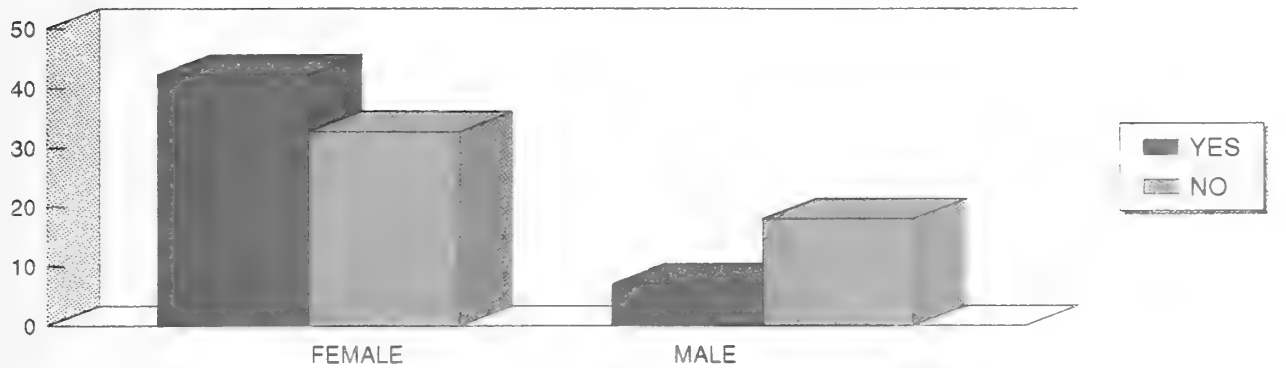
GRAPHIC # 68 - PERCENT OF PERSONS WHO PURCHASE MEDICATIONS IN MEXICO.

These graphics depict the respondent's preference for purchasing medications in Nuevo Laredo Mexico, cross-tabbed by household income and age group. Almost 45% of the respondents from the household income group below $ 35,000.00 frequently purchase medications in Nuevo Laredo. Respondents from the age groups 20 to 29, 30 to 39 and 40 to 49 years scored higher than the rest of the categories.This tendency is possibly due to the effects of our depressed local economy on personal income, lack of health insurance that covers prescriptions, lack of access to primary health care providers who prescribe, and the high cost of medications in the U.S..

4.5 ALTERNATIVE CARE

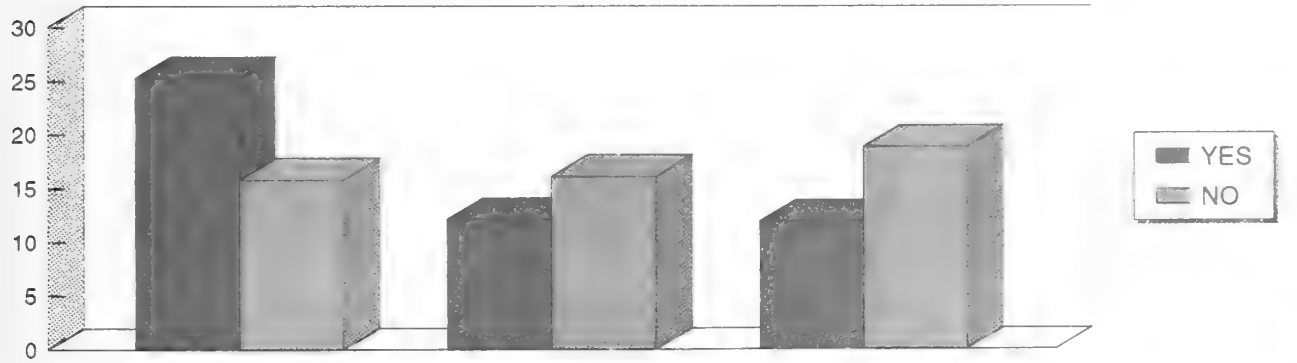
Mexican culture is rich in traditions and in the use of folk medicine since before the pre-Hispanic era. These practices and beliefs are still part of the life of many Mexican-Americans and Mexican nationals residing in the U.S./Mexico border area. Dozens of medicinal herbs and teas combined with religious beliefs and curanderismo are used by border residents for the treatment of headaches, diabetes, renal stones, gallbladder stones, digestive disorders and many other health problems. The following cross- tabbed variables show the respondent's preference for the use of home remedies, folk medicine or curanderismo.

ALTERNATIVE MEDICINE UTILIZATION - BY GENDER*



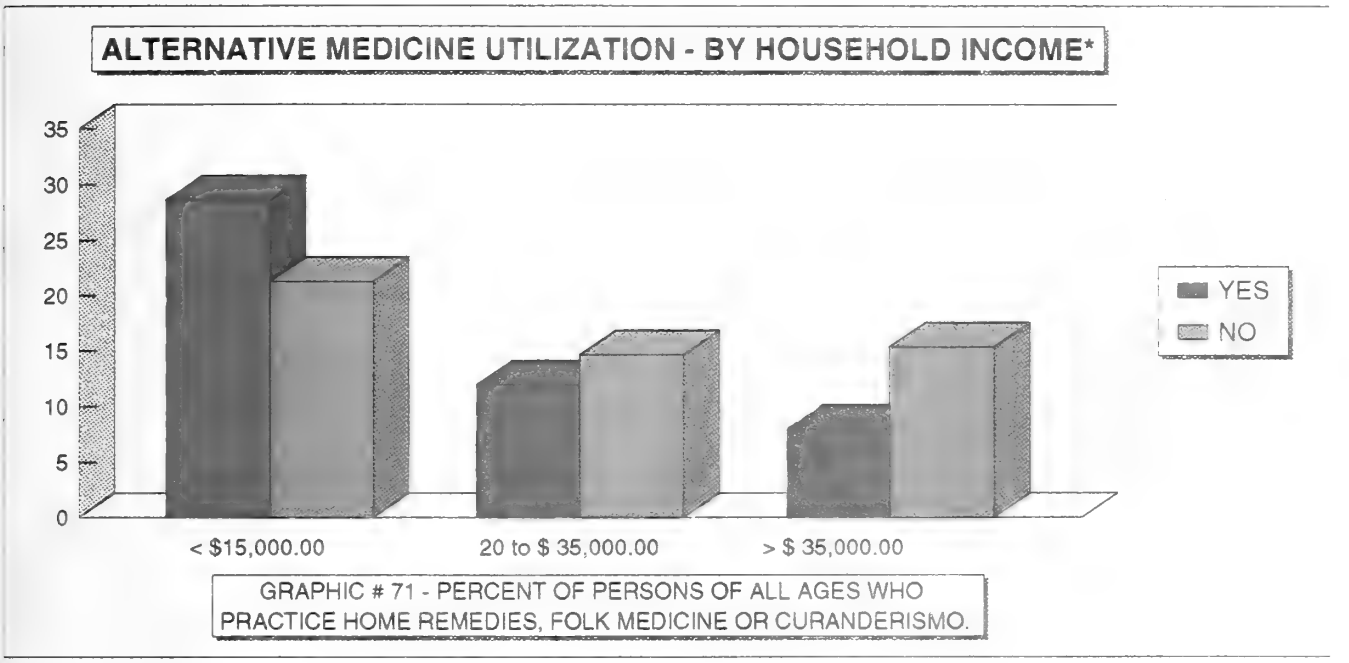
GRAPHIC # 69 - PERCENT OF PERSONS OF ALL AGES WHO PRACTICE HOME REMEDIES/FOLK MEDICINE OR CURANDERISMO.

ALTERNATIVE MEDICINE UTILIZATION - BY EDUCATION LEVEL*

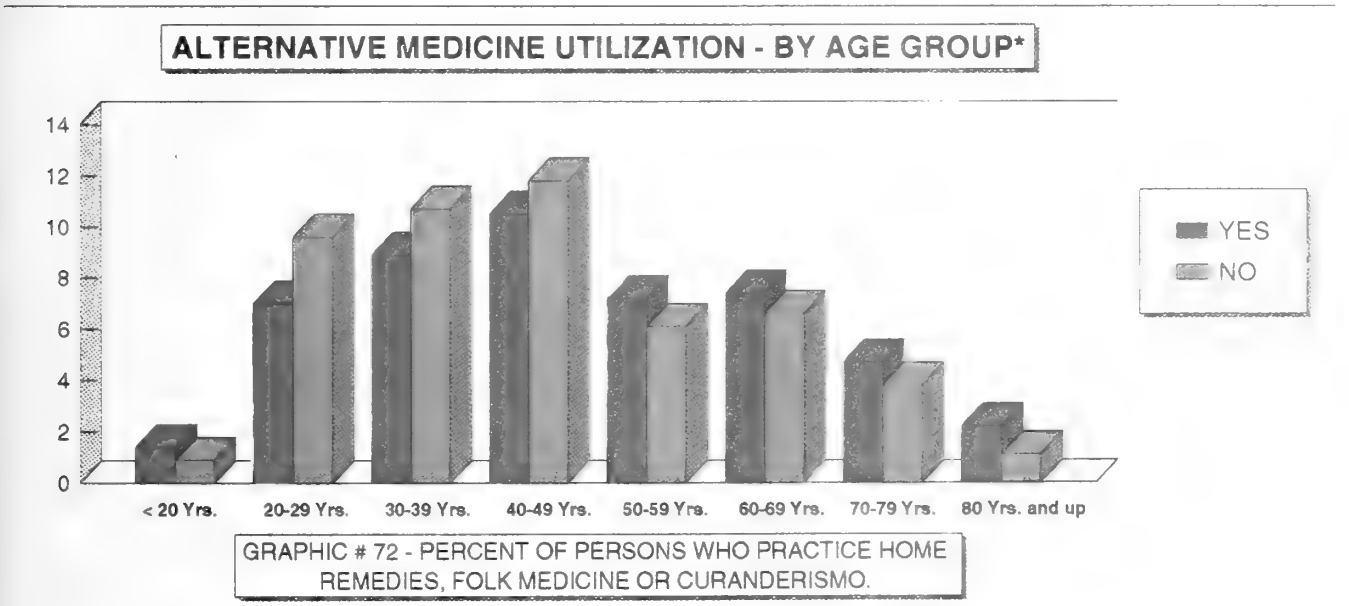


GRAPHIC # 70 - PERCENT OF PERSONS OF ALL AGES WHO PRACTICE HOME REMEDIES FOLK MEDICINE OR CURANDERISMO.

These graphics depict the respondent's preference for the use of home remedies, folk medicine or curanderismo, cross-tabbed by gender and educational level group. Females use home/folk medicinal remedies more frequently than men, (6 to 1). Respondents from the "elementary/ junior H.S." educational level group scored higher than the other two groups.



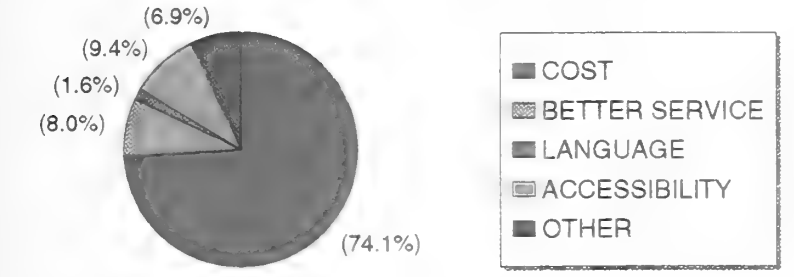
GRAPHIC # 71 - PERCENT OF PERSONS OF ALL AGES WHO PRACTICE HOME REMEDIES, FOLK MEDICINE OR CURANDERISMO.



GRAPHIC # 72 - PERCENT OF PERSONS WHO PRACTICE HOME REMEDIES, FOLK MEDICINE OR CURANDERISMO.

These graphics depict the respondent's preference for the use of home remedies, folk medicine or curanderismo, cross-tabbed by household income group and age group. Respondents from the lower household income group scored more than two and three times higher than the other two groups respectively.

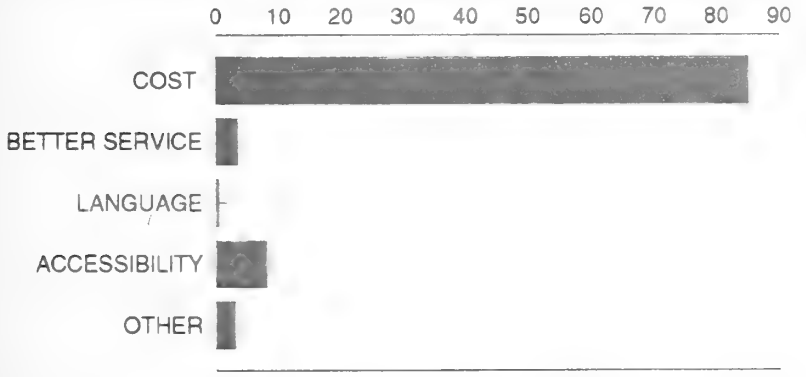
PRIMARY CARE SERVICES
OBTAINED IN MEXICO



Q-66 Why do you seek medical services in Mexico?
GRAPHIC # 73

For 74.1% of the persons surveyed, the main reason for seeking medical services in Nuevo Laredo is the lower cost. Other reasons are accessibility (9.4%) and better service (8%).

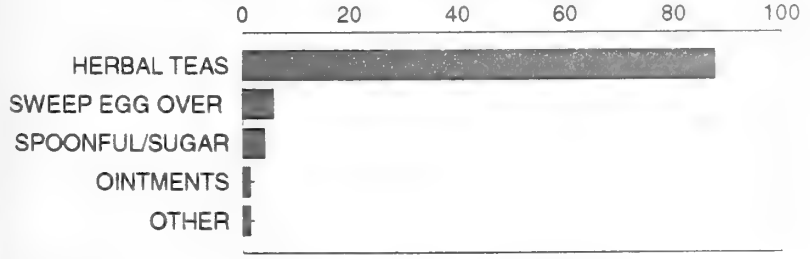
MEDICATIONS OBTAINED IN MEXICO - BY REASON



GRAPHIC # 74 - Q-68 Why do you purchase prescribed medications or over-the-counter medications in Mexico?

Lower cost is the main reason why 85.1% of the people surveyed buy prescribed and over- the- counter medications in Nuevo Laredo. Other important reasons are accessibility (8.1%) and better service (3.4%).

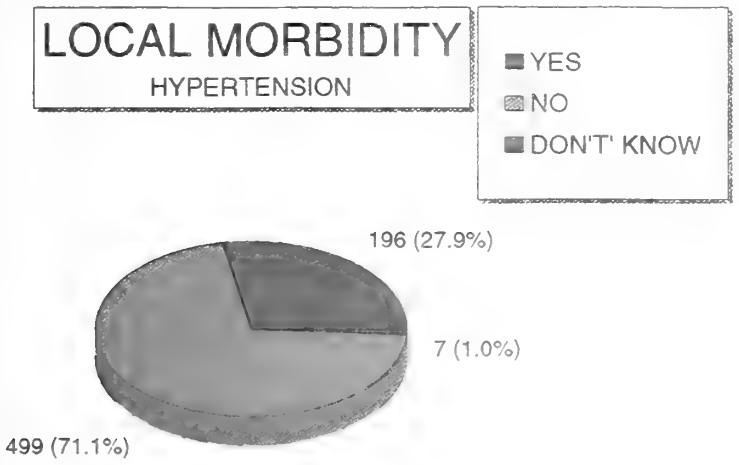
TYPE OF FOLK MEDICINE
OR CURANDERISMO PRACTICED



GRAPHIC # 75 - Q-70 What type of home remedies/folk medicine or curanderismo do you practice?

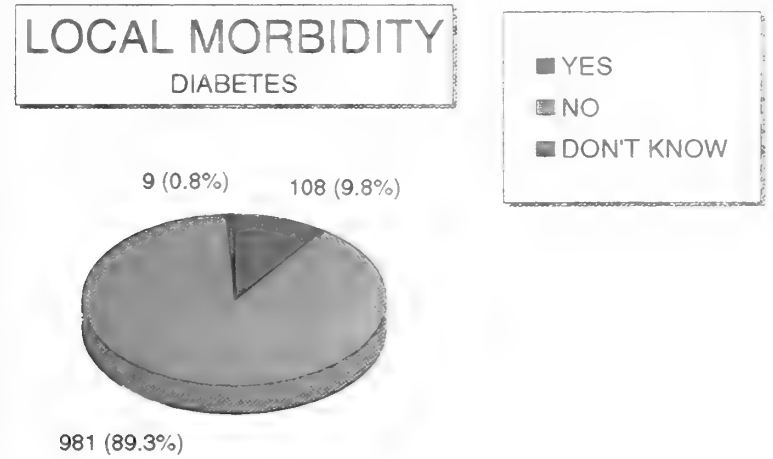
For 87.7% of the persons surveyed the most popular home remedy is the herbal tea. Other "curanderismo" practices ranked below 6% of the responses in our survey.

The following are the morbidity survey results.For more information about the frequency for each question, refer to the analysis of frequencies by question included in the appendix. Morbidity data reveals the most common illnesses in the community. Comparison of local rates with state, regional, or national data is often indicative of the effectiveness of health promotion- disease prevention programs. Many of the noninfectious and chronic diseases have causative factors and can be regulated by individual health behavior.

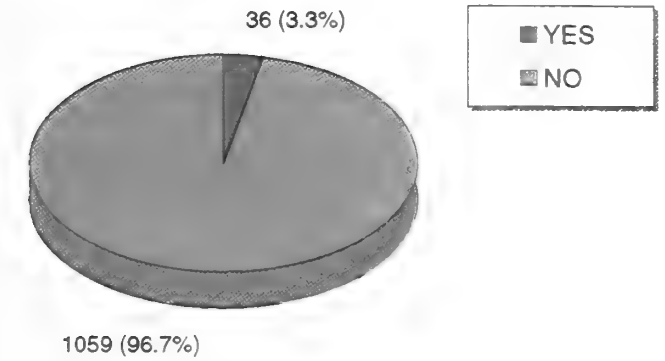


GRAPHIC # 76 - Q-115 Have you ever been told by a doctor or other health professional that you have hypertension?

Approximately 50 million Americans have elevated blood pressure warranting monitoring or drug therapy. These persons are at increased risk for coronary artery disease, peripheral vascular disease, stroke, renal disease, and retinopathy. Treatment for high blood pressure is very effective. This graphic reflects the prevalence of hypertension in our community. Almost 28% of the people surveyed have hypertension, (Texas prevalence 22%), but only 18.8% take their medication on a regular basis. The most common reasons not to do so are; too costly (21.5%), too lazy (19%), too busy (6.3%), other reasons (53.2%) Finally, 51.5% of the people surveyed have a family history of hypertension. It is estimated that 13 million persons in U.S. suffer from diabetes. Close to 50% are undiagnosed. Diabetes is the seventh leading cause of death in the U.S.. Approximately 95% of all diabetics have non-insulin dependent, type II, diabetes mellitus. Risk factors for type II DM are: age over 40, obesity, family history, and certain ethnic groups, (Hispanics, African and Native Americans). The prevalence of DM in the U.S. is nearly 5.2% of the population, and close to 9% for Hispanics and Blacks. This graphic shows the prevalence of diabetes in our community. Almost 10% of the people surveyed have diabetes, (State prevalence: 4.8%, 1988 projection) but only half take their medication on a regular basis. The most common reasons not to do so are ; too costly (18.2%), too lazy (22.7%), too busy (9.1%), and other 50% . Finally, 46.3% of the people surveyed have a family history of diabetes.

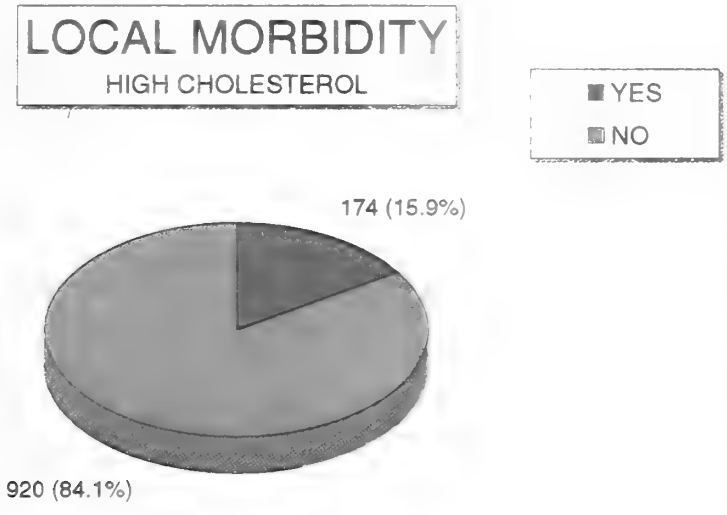


GRAPHIC # 77 - Q-124 Have you ever been told by a doctor or other health professional that you have diabetes?



Q-129 Have you ever suffered a stroke?
GRAPHIC # 78

Stroke is the third leading cause of death in the United States. It is also a major cause of morbidity with 400,000 to 500,000 Americans suffering nonfatal strokes each year. The age adjusted stroke mortality rate in the state was 50/100,000 and 37/100,000 in Webb County during 1993. Stroke risk factors include: uncontrolled high blood pressure and smoking. Stroke mortality is considerably higher for blacks than whites or Hispanics. This graphic shows the prevalence of stroke in our community. Only 3.3% of the people surveyed suffered a stroke in the past. Thirty four percent of people have a family history of stroke.

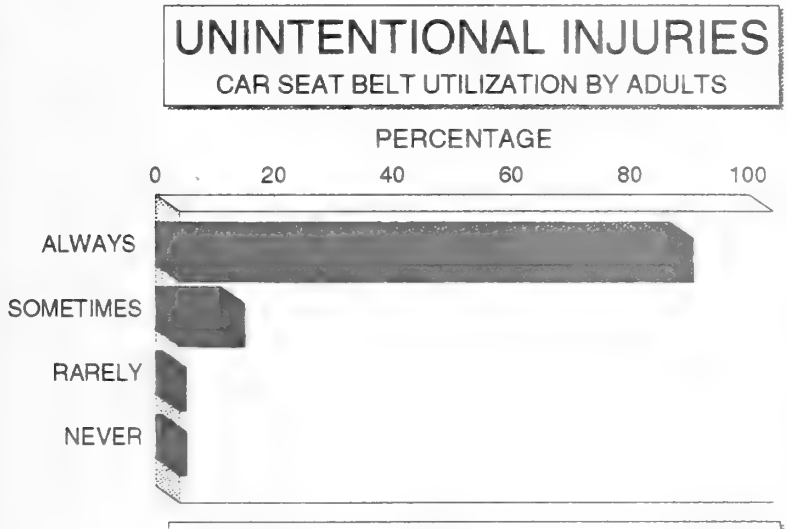


GRAPHIC # 79 - Q-121 Have you ever been told by a doctor or other health professional that your blood cholesterol is to high?

High blood cholesterol is a major modifiable risk factor for coronary heart disease (CHD), the leading cause of death for both men and women in the United States. Approximately 1,250,000 myocardial infarctions and 500,000 deaths from CHD occur each year. In large population - based studies, total cholesterol levels are directly related to CHD incidence. In addition, epidemiologic studies have shown that cholesterol lipoprotein sub-fractions play an important role in CHD. LDL-cholesterol is directly and HDL-cholesterol is inversely associated with CHD incidence. This graphic reflects the prevalence of high cholesterol in our community. Almost 16% of the people surveyed have high blood cholesterol according to their doctor, (state prevalence: 27%,1988). However, in a recent analysis of the Buena Vida program lab tests, 60% of the people tested had high blood cholesterol . Finally, 23.6% of the people surveyed have a family history of high blood cholesterol. This result of low awareness of high cholesterol is probably related to a low level of physician utilization focused on health promotion and lack of personal motivation to obtain health risk screenings.

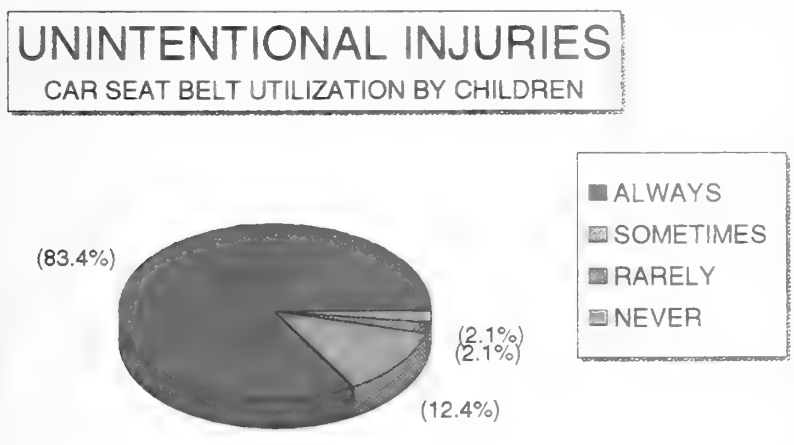
4.7 UNINTENTIONAL INJURIES

Unintentional injuries constitute the fourth leading cause of death in the United States, killing approximately 100,000 people each year. During the first four decades of life, unintentional injuries claim more lives than infectious diseases. Motor vehicle accidents account for approximately half of the deaths from unintentional injuries, falls rank second, followed by poisoning, drowning and residential fires. Additional millions are incapacitated by unintentional injuries, with many suffering lifelong disabilities. These events occur disproportionately among the young and older people. (Source: Healthy People 2000).



GRAPHIC # 80 - Q-107 When riding in a car, as a driver or a passanger how often do you wear a seat belt?

Motor vehicle accidents cause 50% of all unintentional injury deaths, and are the leading cause of work-related injury deaths. Most motor vehicle trauma is related to alcohol use or failure to use safety belts, or both. Approximately 46,000 people die each year and more than 3.5 million are injured. Society loses nearly $ 75 billion annually as the result of motor vehicle accidents. (Source: Healthy People 2000)
This graphic shows that 86.6% of the people surveyed always use their seat belt when riding a motor vehicle. The Year 2000 Objective is 85% of motor vehicle occupants.



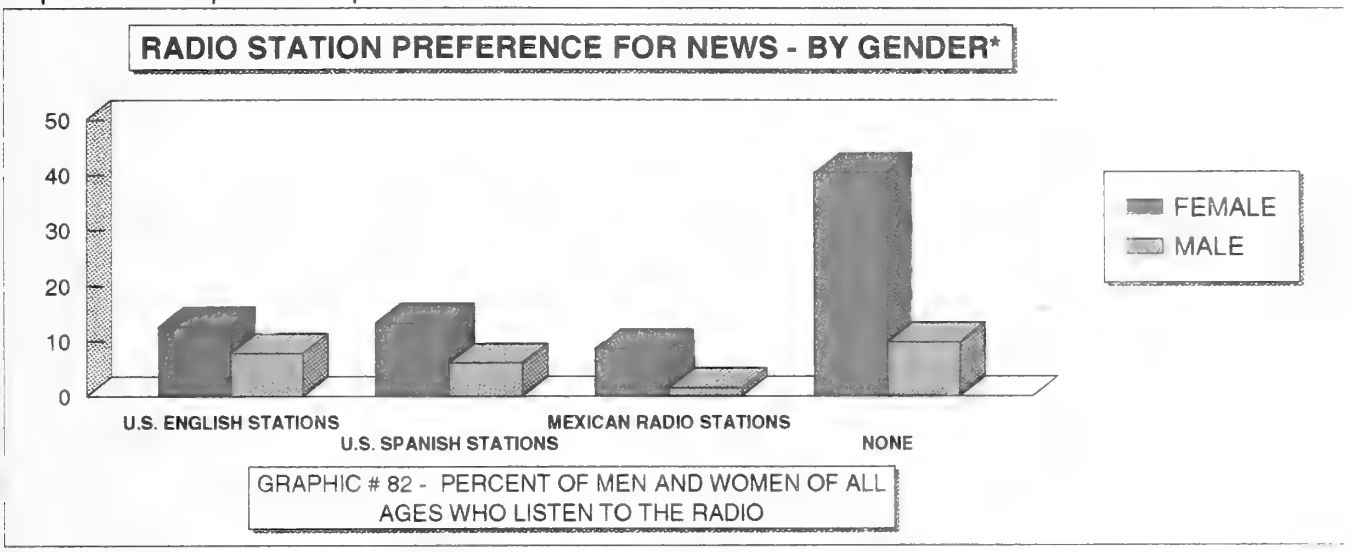
GRAPHIC # 81 - Q-106 When riding in a car, do you buckle your children in a car safety seat?

This graphic shows that 83.4% of the respondents always put their children, up to five years of age, in an appropriate car seat when riding a motor vehicle. The Year 2000 Objective is 95% of the children when riding a motor vehicle.
However, parents need to be aware that use of seats is vital for all children under 5, not just infants. Instructions on the proper use of infant safety seats should be given to all parents of newborn infants.

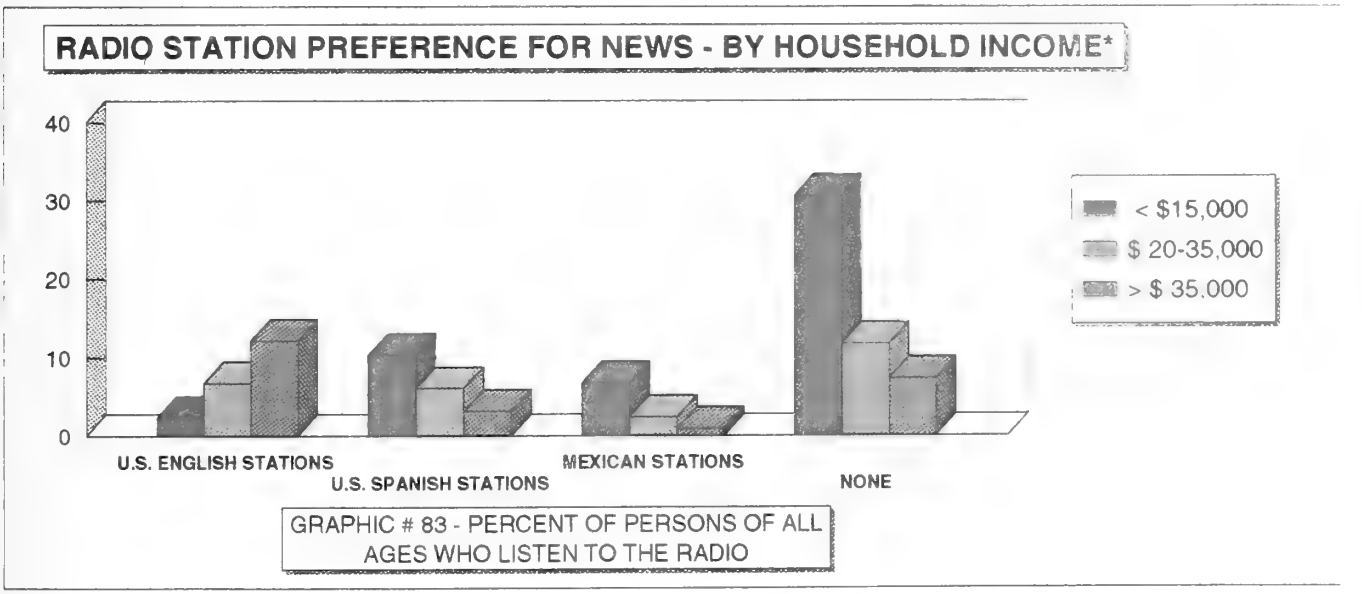
4.8 MASS MEDIA UTILIZATION

We include the results of the cross-tabbed questions regarding mass media utilization in order to make this information available to all agencies in our community so they can promote their services by identifying their best mass media choice for outreach or services promotion according to their needs by age group, gender, educational level and household income.

Communication plays an essential role in disease prevention and health promotion. Programs designed to promote changes in health behaviors and encourage early detection and prompt treatment of illness have demonstrated that mass media and other communication strategies can be effective in reducing the risk of serious illness. The next two cross-tabbed questions explore the respondent's preference for radio as a source of information.



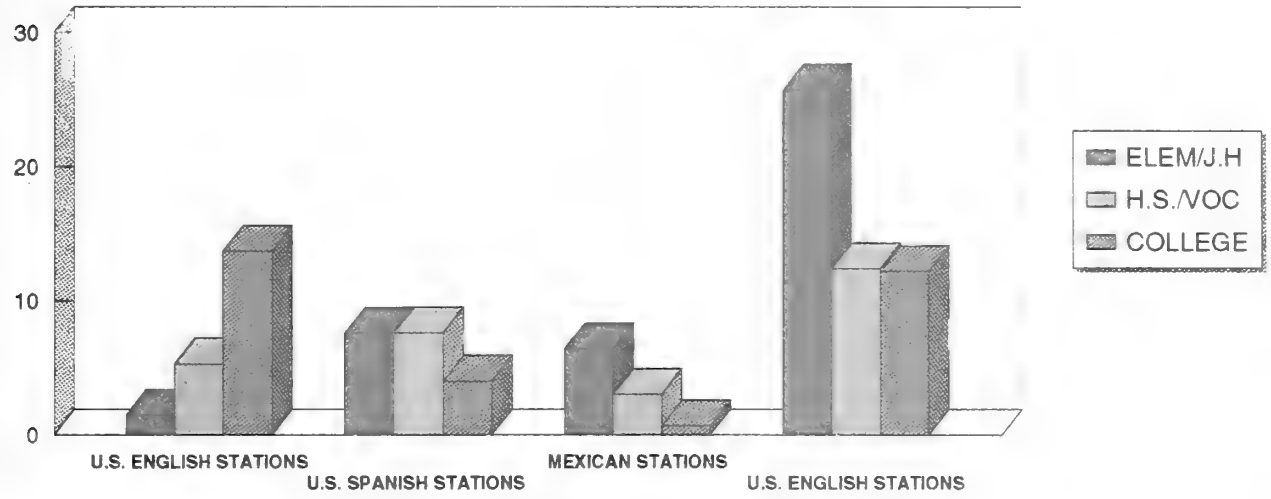
GRAPHIC # 82 - PERCENT OF MEN AND WOMEN OF ALL AGES WHO LISTEN TO THE RADIO



GRAPHIC # 83 - PERCENT OF PERSONS OF ALL AGES WHO LISTEN TO THE RADIO

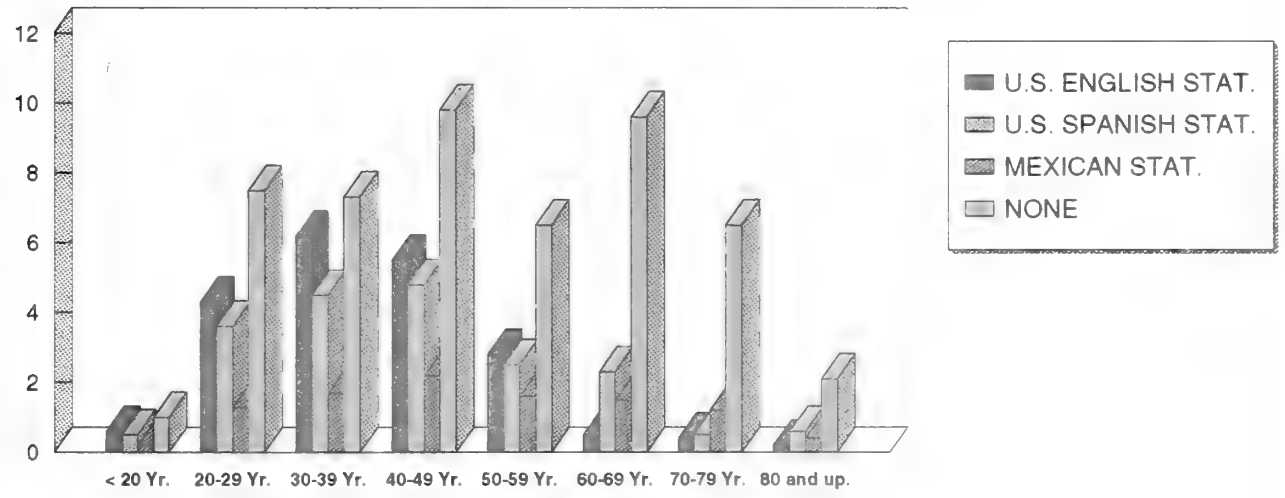
These graphics depict the respondent's radio station preference for news and current events; cross-tabbed by gender and household income group. None of the local radio stations have a noticeably larger audience in these two groups. Apparently radio stations broadcasting in Spanish are more popular in Laredo/Webb county.

RADIO STATION PREFERENCE FOR NEWS - BY EDUCATIONAL LEVEL*



GRAPHIC # 84 - PERCENT OF PERSONS WHO LISTEN TO THE RADIO

RADIO STATION PREFERENCE FOR NEWS - BY AGE GROUPS

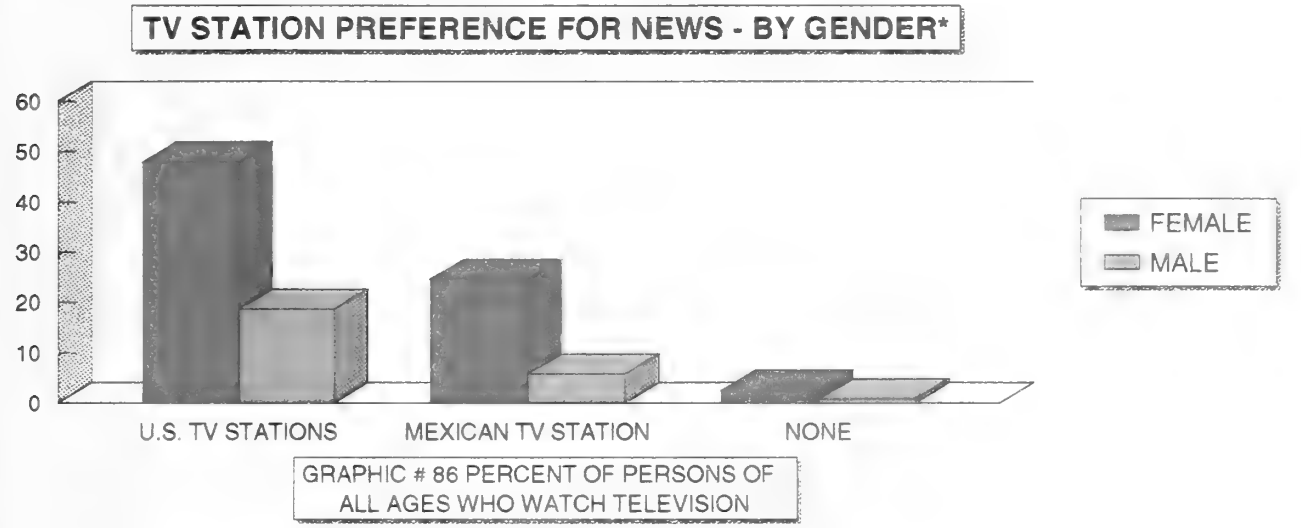


GRAPHIC # 85 - PERCENT OF PERSONS WHO LISTEN TO THE RADIO

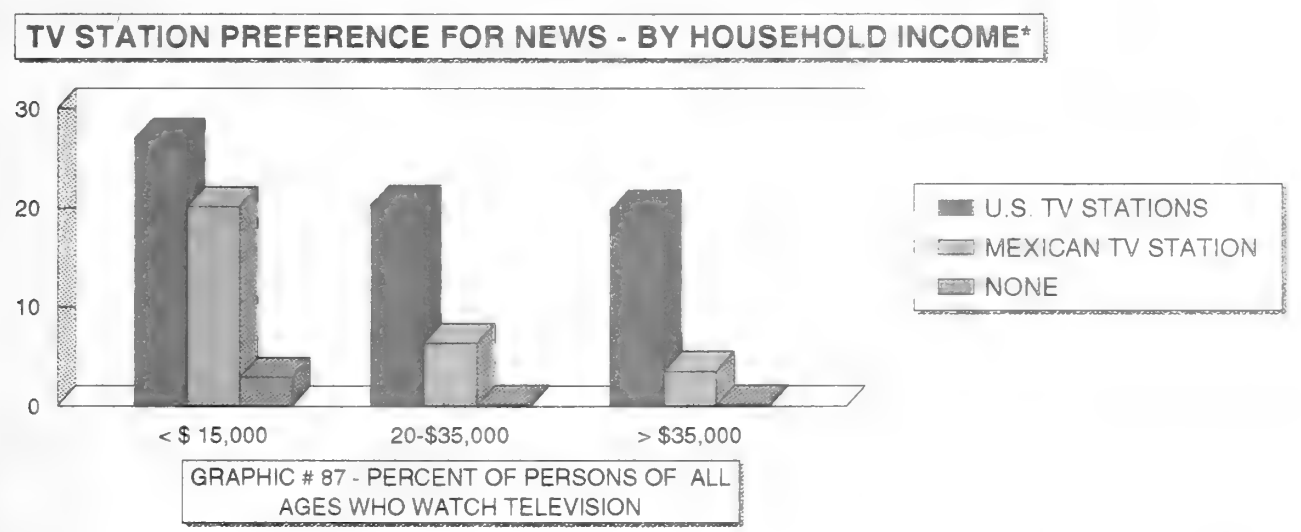
These graphics depict the respondent's radio station preference for news and current events; cross- tabbed by educational level group and age group. The majority of respondents who answered the option "other" specified that they listen to radio stations broadcasting in Spanish from Nuevo Laredo, Mexico.

4.8 MASS MEDIA UTILIZATION

Communicating effectively about health is a difficult task. Health communication programs can be designed to inform, influence and motivate specific target groups and/or general public audiences. Communication can: increase awareness of a health issue, problem or solution; affect attitudes to create support for individuals or collective actions; demonstrate or illustrate skills; increase demand for health services; remind about or reinforce knowledge, attitudes or behavior. The next charts gauge the respondent's preference for television as a source of information.



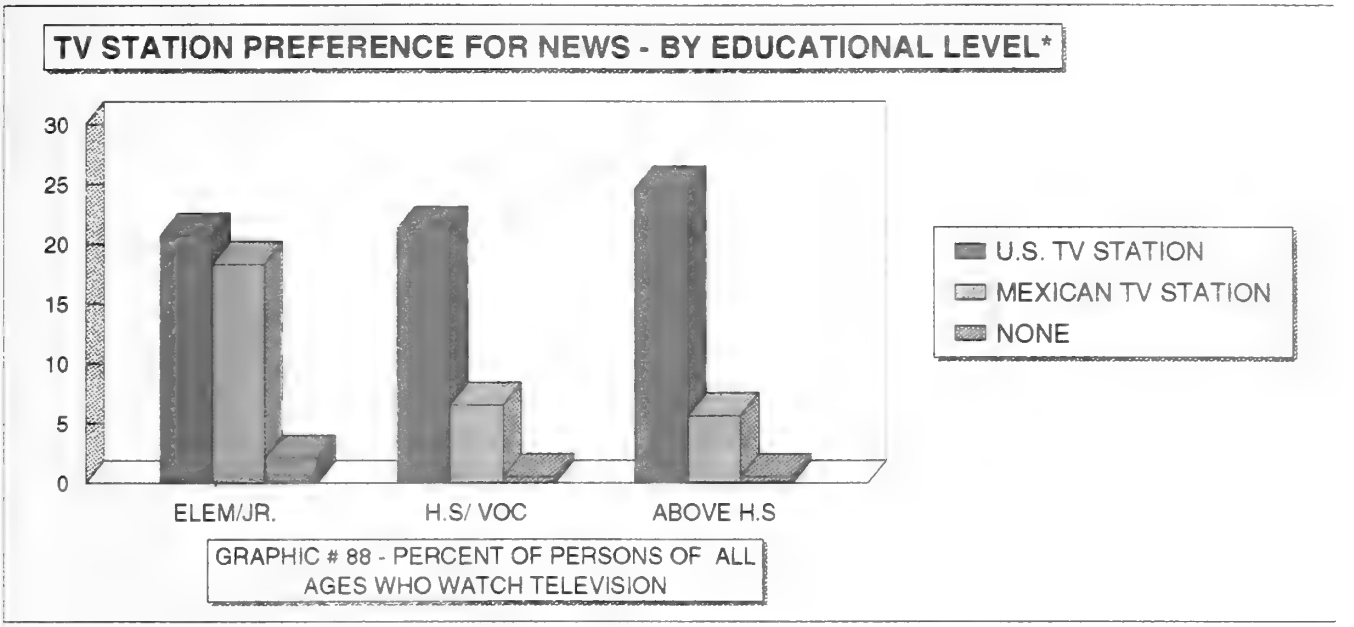
GRAPHIC # 86 PERCENT OF PERSONS OF ALL AGES WHO WATCH TELEVISION



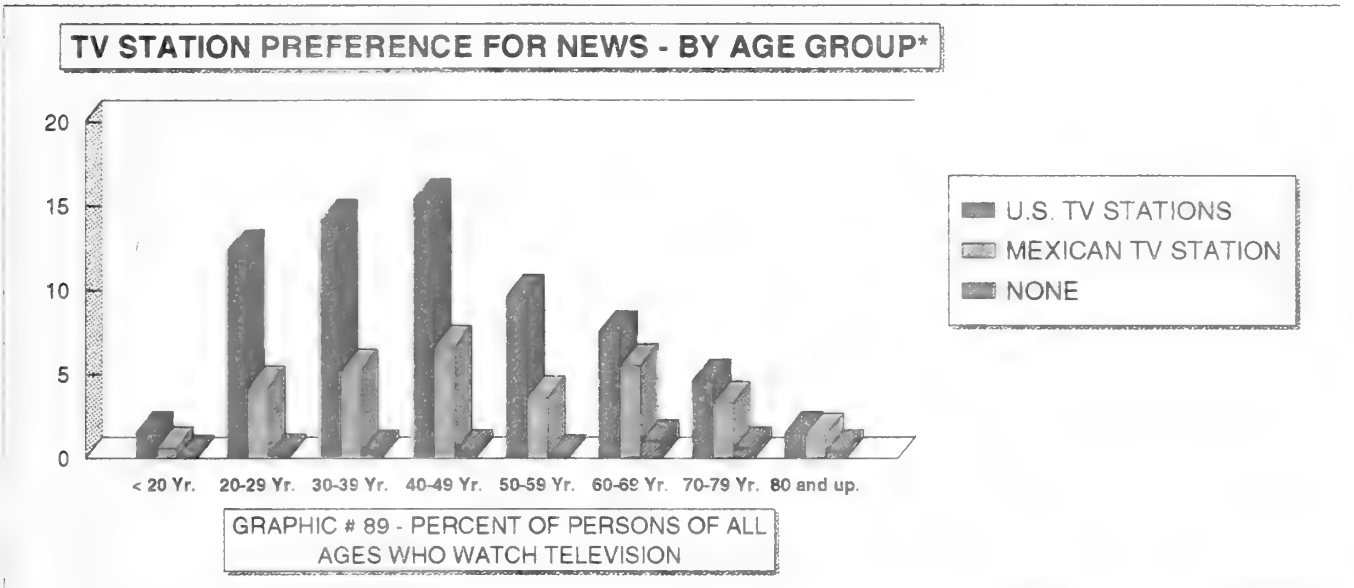
GRAPHIC # 87 - PERCENT OF PERSONS OF ALL AGES WHO WATCH TELEVISION

These graphics depict the respondent's television station preference for news and current events, cross- tabbed by gender and household income group.The majority of the respondents who answered the option "other" specified that they watch TV stations broadcasting in Spanish from Mexico or the U.S. Spanish Network. Locally, KGNS TV scored higher than the rest of the local TV stations, probably due to having news broadcasts in Spanish, followed by the group of Mexican stations and the US Spanish Network.

4.8 MASS MEDIA UTILIZATION



GRAPHIC # 88 - PERCENT OF PERSONS OF ALL AGES WHO WATCH TELEVISION

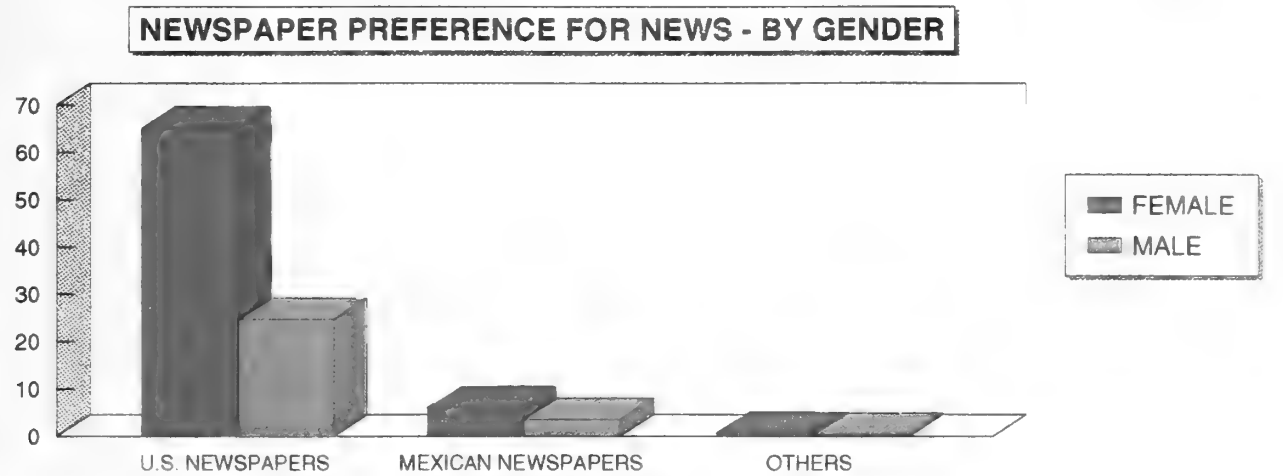


GRAPHIC # 89 - PERCENT OF PERSONS OF ALL AGES WHO WATCH TELEVISION

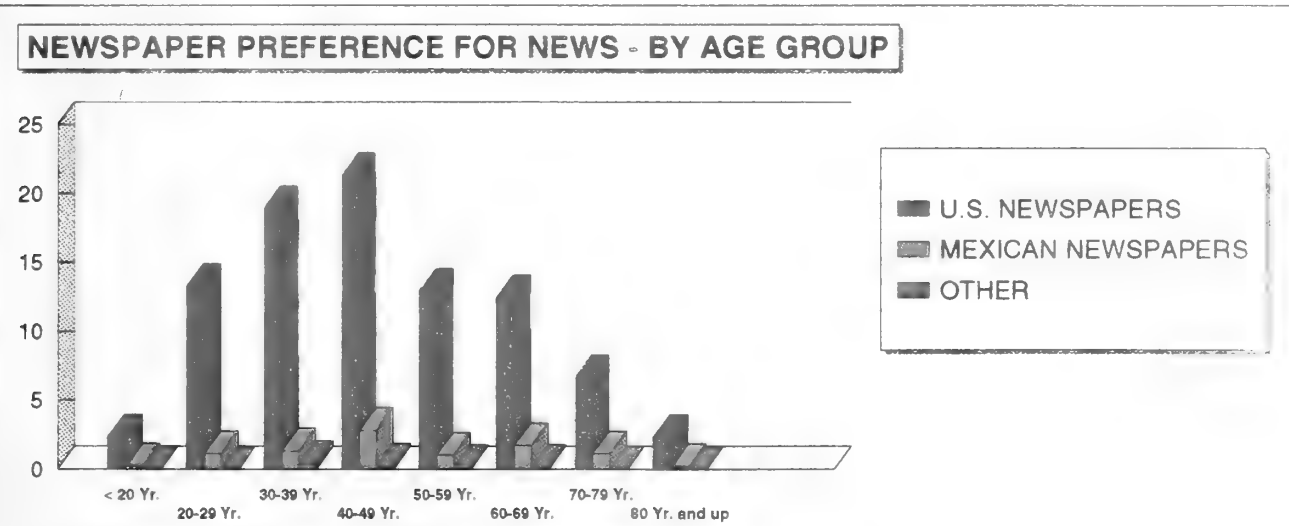
These graphics depict the respondent's television station preference for news and current events, cross- tabbed by educational level group and age group. The majority of the respondents who answered the option " other" specified that they watch TV stations broadcasting in Spanish from Mexico or the U.S. Spanish Network. In these categories it is noticeable that respondents from the "high school and above" group watch more local television than the rest of the combined groups. On the other hand, respondents from the elementary/junior H.S. group watch more television from TV stations broadcasting in Spanish. Regarding age groups, respondents from the 20 to 29, 30 to 39 and 40 to 49 year age groups scored two to three times higher than the rest of the age groups. This may be attributable to people from these age groups being more active in our community, and TV is an easy method to get information about the local economy, job opportunities, education, social and sports events, among other important news.

4.8 MASS MEDIA UTILIZATION

Newspapers can reach broad audiences rapidly, and convey health news/breakthroughs more thoroughly than TV or radio and faster than magazines. When using newspapers, future placement of public service advertisements is possible. The following cross-tabbed variables graphically display the respondent's preference for newspapers as a source of information.



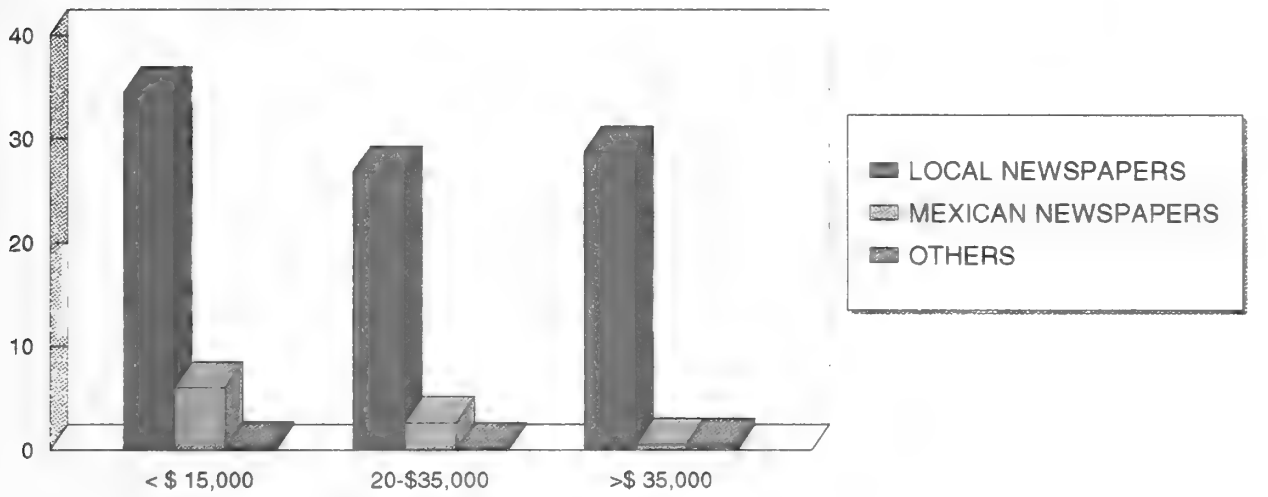
GRAPHIC # 90 - PERCENT OF PERSONS OF ALL AGES WHO READS NEWSPAPERS



GRAPHIC # 91 - PERCENT OF PERSONS WHO READ NEWSPAPERS.

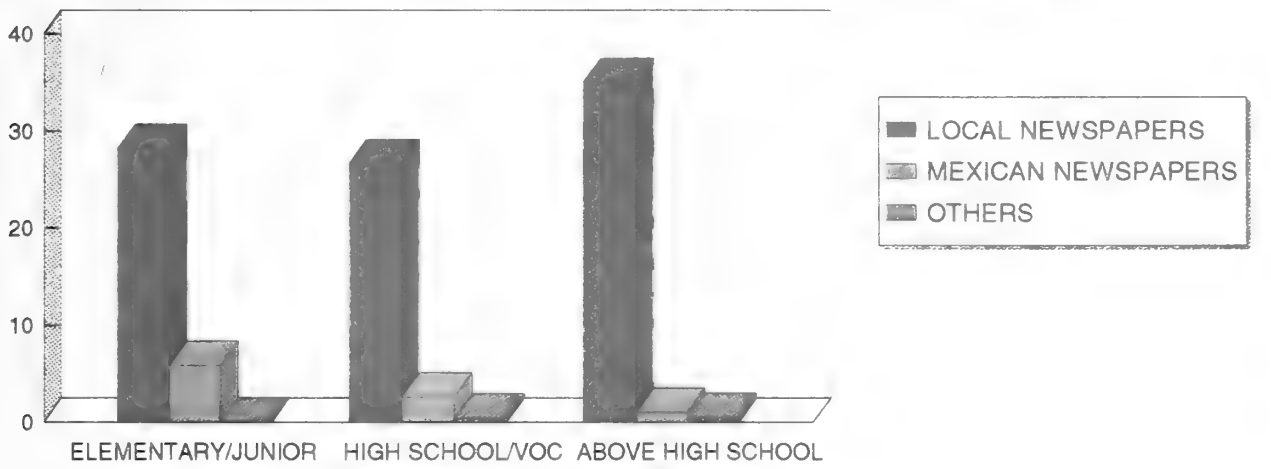
These graphics depict the respondent's newspaper preference for news and current events, cross- tabbed by gender and age group. United States newspapers scored higher than the rest of the options. More than 87% of the respondents read the Laredo Morning Times, and 56.4% read the newspaper on a daily basis. Respondents from the age groups 30 to 39 and 40 to 49 years have more newspaper readers when compared to the other groups. This may be due to newspappers being affordable, not subject to time constraints and people can save important and valuable information for later use.

NEWSPAPER PREFERENCE FOR NEWS - BY HOUSEHOLD INCOME*



GRAPHIC # 92 - PERCENT OF PERSONS OF ALL AGES WHO READ NEWSPAPAPERS.

NEWSPAPER PREFERENCE FOR NEWS - BY EDUCATIONAL LEVEL*

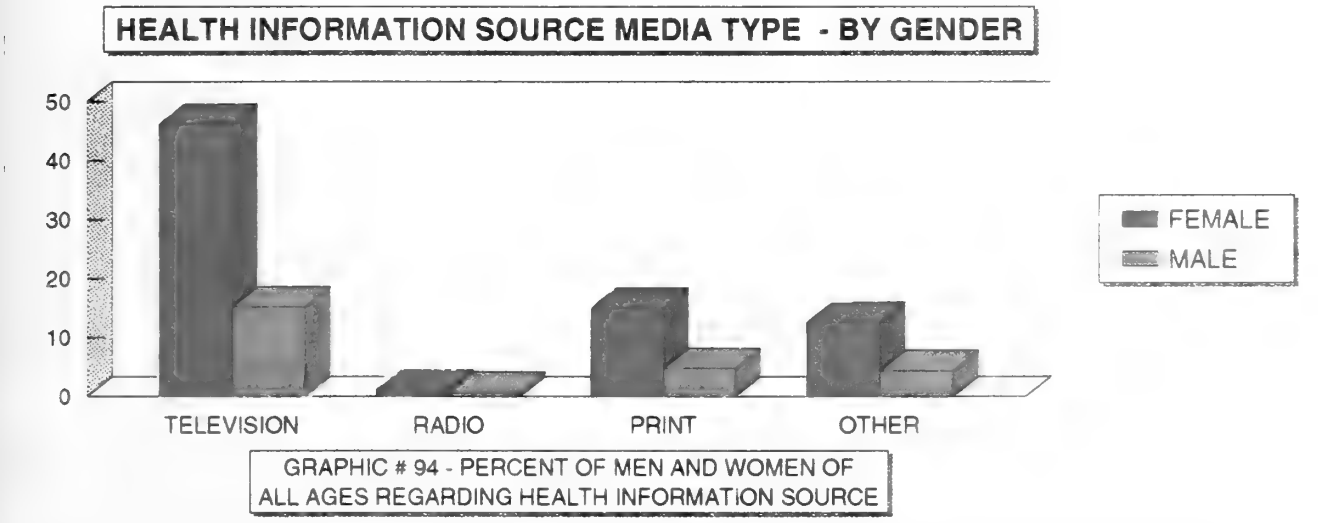


GRAPHIC # 93 - PERCENT OF PERSONS OF ALL AGES WHO READ NEWSPAPERS.

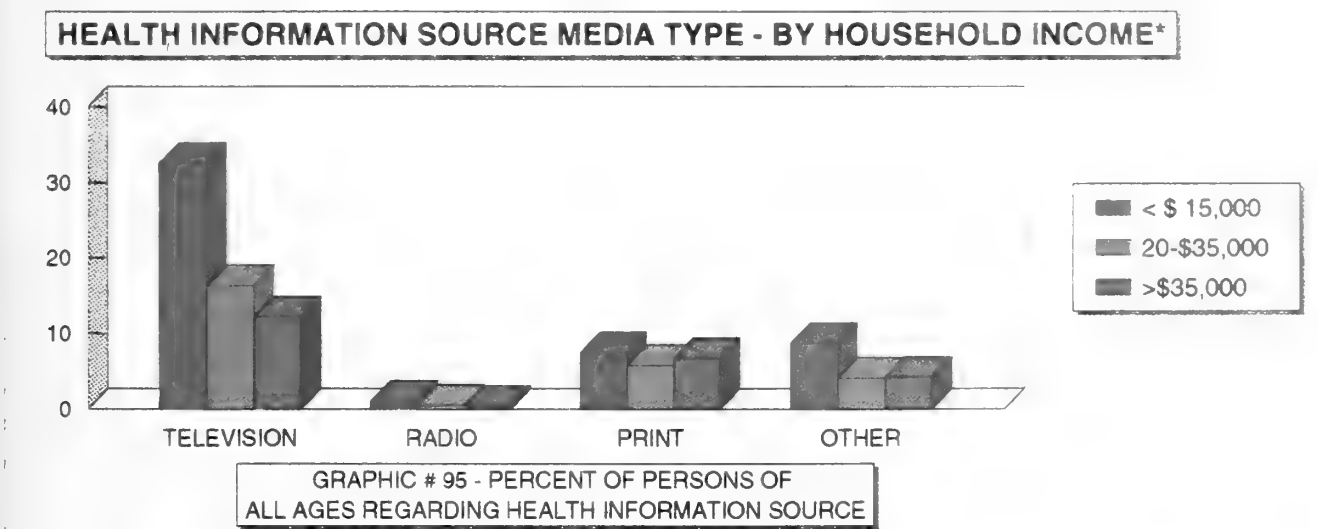
These graphics depict the respondent's newspaper preference for news and current events, cross- tabbed by household income group and educational level group. Respondents from the above high school group scored slightly higher than the two other educational groups in U.S newspaper readership. On the other hand, respondents from the "lower income group" have more newspaper readers in total.

4.8 MASS MEDIA UTILIZATION

The mass media can convey news quickly to a broad audience, but cannot alone be expected to motivate people to change their behavior. The mass media generally is the public's primary source of information, but they may be less trusted than more scientific sources of information. They are constrained by time, space and newsworthiness. Though the primary purpose of the media is to inform and entertain, we can use it to our advantage to disseminate information to the public in general. The following cross- tabbed questions explore the respondent's preference for different sources of health-related information.

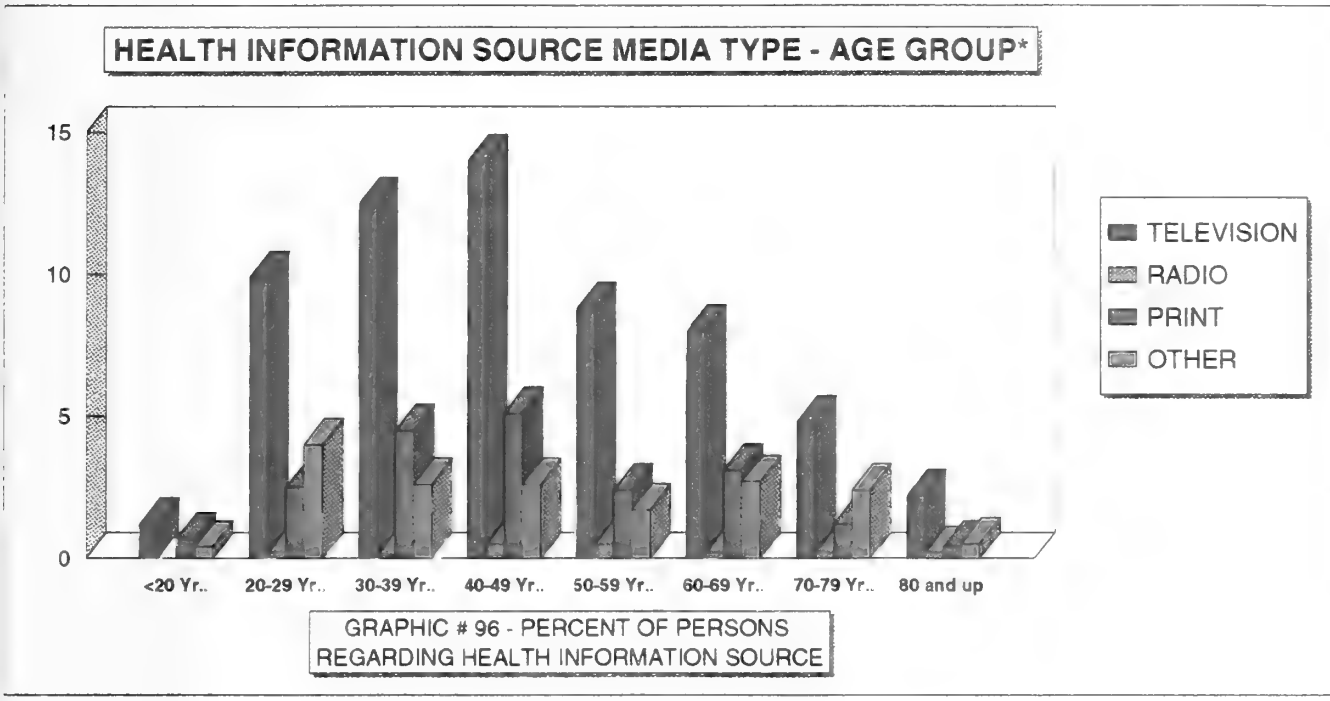


GRAPHIC # 94 - PERCENT OF MEN AND WOMEN OF ALL AGES REGARDING HEALTH INFORMATION SOURCE

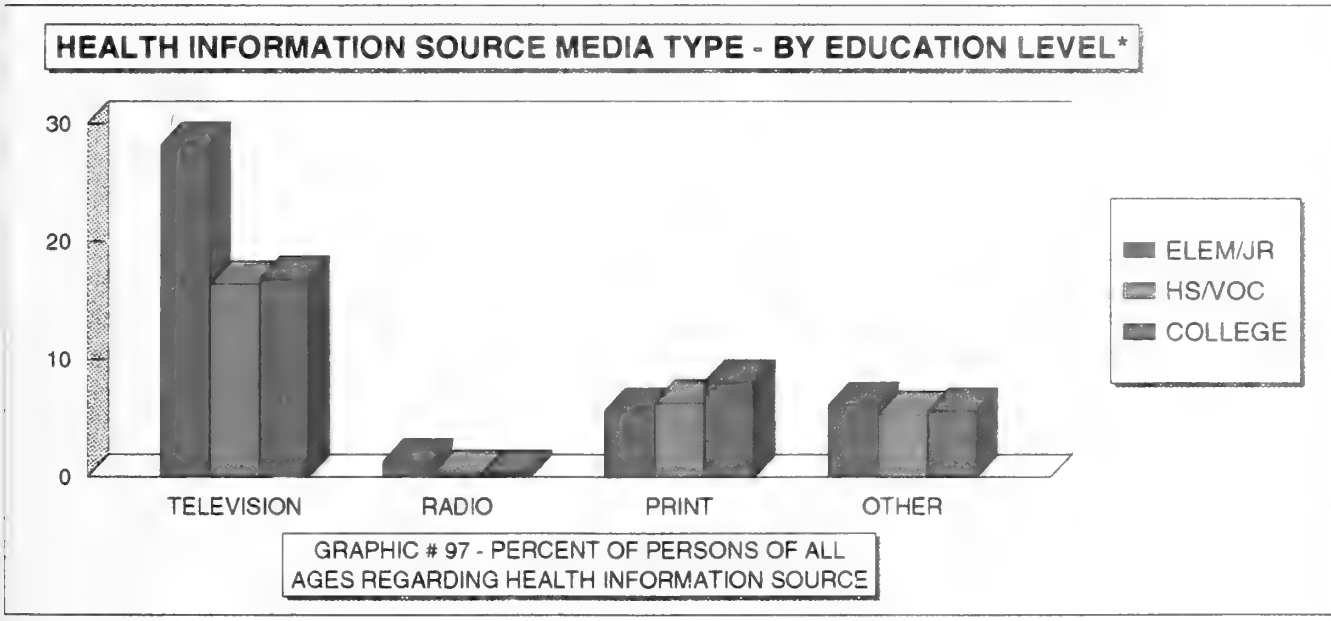


GRAPHIC # 95 - PERCENT OF PERSONS OF ALL AGES REGARDING HEALTH INFORMATION SOURCE

These graphics depict the respondent's source(s) of health-related information, cross-tabbed by gender and household income group. Television is the main source of health-related information for most of the people surveyed, particularly for those from the low income group. The other sources of health-related information such as newspapers, magazines and "word of mouth" scored in less than 5% of the respondents.



GRAPHIC # 96 - PERCENT OF PERSONS REGARDING HEALTH INFORMATION SOURCE



GRAPHIC # 97 - PERCENT OF PERSONS OF ALL AGES REGARDING HEALTH INFORMATION SOURCE

These graphics depict the respondent's source(s) of health-related information, cross-tabbed by age group and educational level group. Television scored higher than the rest of the options in these two categories, especially respondents of the "elementary/junior" H.S.. Respondents from the age groups 20 to 29, 30 to 39 and 40 to 49 years also scored higher on TV as a source of health information compared to the rest of the age groups. This is possibly a result of health information news and health oriented programs which are part of TV's programming almost on a daily basis, and persons from these age groups spend more time watching TV than other age groups.

5. CONCLUSION

Major demographic findings in our survey are the low level of educational attainment among the population surveyed and the extremely high rate of unemployment and poverty, which are common consequences of low educational level. Another significant finding is the language utilization by the population surveyed. More than 60% of the persons preferred the Spanish language to respond to our questionnaire and for receiving written health information. In our survey, a high number of persons have more than one health risk factor for chronic diseases, such as diabetes, hypertension and cancer. Examples of these are; heredity, obesity, sedentary lifestyle, unhealthy nutrition, and abnormally high blood cholesterol. In the area of primary care services utilization and health insurance coverage, our survey indicated that approximately 40% of the persons surveyed lack health insurance due to the high cost and/or job instability. This issue is associated with a low rate of physician contacts per year, irregular check ups, and low utilization of clinical preventive services. On the other hand, 41% of the persons surveyed responded that they seek medical services and buy medications in Nuevo Laredo, Mexico. Such an alternative is congruent with the percentage of persons lacking health insurance or unemployed.

As the result of the large volume of data and information gathered from the survey, it was not possible, due to time constraints to study all of the data in detail; but, rather we selected to choose and study specific pre-determined variables within the scope of the survey which were developed from the onset. Some of these findings further raise other questions and possible correlations or associations between some risk factors and other demographic variables. We are confident that we were able to collect reliable and valid data and perform statistical analysis based on certain pre-determined criteria for certain risk factors and variables. However, additional studies will be needed to review the data and other related information for those areas which we did not specifically look at or perform statistical analysis on. This would also serve to verify, corroborate, or possibly nullify observations which were made. Subsequent studies may suggest that some of these differences are not explained by either ethnic, income, gender and/or educational level; thus, further research should focus on how factors beyond poverty and perhaps ethnicity may or may not contribute to or influence medical care utilization and other related behavioral traits.

Despite these limitations, as a result of this study (which was the first of this type to be conducted in Laredo and on the U.S./Mexico border) we were able to identify several key areas and problems which are summarized above. This information, in turn, can be used to provide improved access to services, improve outreach efforts, remove barriers to health care, target specific population groups for certain risk factors, enhance medical care use among certain population sub-groups and focus health programs on needs identified by this survey. Finally, all of the raw data compiled from the responses to the survey instrument are included as part of this report (see Appendix B) and are being made available so that interested persons can utilize this information for further review, study, and statistical analysis.

6. ACKNOWLEDGMENTS

We would like to thank the advisory panel who assisted in developing this survey from its inception, particularly our coalition members who represent a wide spectrum of local agencies. List of the coalition members follows:

1. City of Laredo Health Department
2. Catholic Social Services of Laredo, Inc.
3. Lifeline of Laredo, Inc.
4. Laredo-Webb County Community Action Agency
5. Laredo State Center
6. Adolescent Parenting Task Force
7. Stop Child Abuse and Neglect, Inc.
8. Mercy Medical Regional Center
9. Gateway Community Health Center
10. Laredo Independent School District

Several people played key roles in the development, implementation and analysis of the survey and in the preparation of this report. Overall direction was provided by Jerry R. Robinson, M.P.A. Research and data analysis was coordinated by Michael Landeck, PhD, Texas A&M International University at Laredo with the invaluable assistance of Duane Burdoff. Writing and additional analysis was provided by Jose R. Antu. The survey instrument was developed with the collaborative efforts of Rogelio Garcia, M.P.H. and Patricia Garcia. Translation of the survey document were performed by Rosario Morales and Victor Oliveros. Editing and proof reading of the survey questionnaire and the final report was conducted by M. Blandina Gamez. Computer programing services were coordinated by Greg Ortiz, III; data entry services were provided by Angelica Puente and Veronica Negrete.

This project was funded by Grant No. D52MP94008-01, through the Office of Minority Health, U.S. Department of Health & Human Services, Rockville, Maryland.

DATA NOTES

The labels and titles used in this survey to identify/describe population groups, risk groups and health problems were derived in part from the Questionnaires from the National Health Interview Survey, Put Prevention Into Practice Clinician's Handbook, and Healthy People 2000.

THE LAREDO/WEBB COUNTY HEALTH OBJECTIVES FOR THE YEAR 2000

What is the health status of our community? How do residents perceive their access to health care? Is our community interested in health promotion activities? These are some of the questions that coalition members and health officials asked themselves for years, but the only answers available came from speculations and from projections from state and national health data. The main objective of this local health assessment is to collect primary health data at the local level, so as to make plans, predictions and projections about the possibilities for our community to reach the Year 2000 Health Objectives. The Buena Vida Minority Health Coalition survey collected, for the first time, specific local data on morbidity, use of health services and personal health behavior related to socioeconomic, racial, ethnic, age and sex composition of the population; variables which are very important in any health status assessment. Several of the indicators identified in this assessment can be used to determine if progress is being made to improve some aspect of the health status of the community. On the other hand, local data on the use of health services by specific socioeconomic groups is extremely helpful in planning and evaluating health programs.

The outline of this report is inspired by Healthy People 2000[1], a national strategy for improving the health of the nation during this decade, and The Healthy Texans 2000 Partnership[2]. The purpose of the Laredo/Webb County Health Objectives for the year 2000 are to:

* Increase the span of healthy life for residents.

* Reduce health disparities among residents.

* Achieve access to preventive health services for all residents.

Our community is in great need of health improvements in many critical areas such as the high prevalence and number of deaths related to chronic diseases (diabetes and hypertension), a high incidence of risk factors among our residents (obesity, high blood cholesterol, sedentary lifestyle, and stress), and the lack of access to primary care and clinical preventive services (mammogram, pap smears, dental preventive services). The following charts depict the local prevalence of health risk factors, the local mortality rate due to chronic diseases, according to the State of Texas Vital Statistics, the nation's rate or prevalence for the same health indicator and the nation's objectives and recommendations for the Year 2000. Finally, a set of recommendations is included with each chart.

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[1]U.S. Department of Health & Human Services, Public Health Service, Healthy People 2000: National Promotion and Disease Prevention Objectives (Washington, D.C. : United States Government Printing Office, 1990)

[2]Texas Department of Health, Health Texans 2000 Partnership, The Texas health Objectives for the year 2000 (Austin, TX. Materials Acquisition and management Division, Texas Department of Health, 1991)

HEALTH OBJECTIVE FOR LAREDO/WEBB COUNTY YEAR 2000
IMPROVE THE NUTRITIONAL STATUS OF LAREDOANS

Indicator (Percentage)	Local Rate 1995	U.S.	Year 2000 Objective
Weight: Adults ages 18-65 weighing 20% or more above ideal body weight	48.8%	34%	20%
Dietary fat percentage Average daily intake of total fat among population >18	40-50%	36%	30% Or less

RECOMMENDATIONS

* Increase availability of culturally sensitive and literacy skill appropriate nutrition educational materials.
* Increase availability of nutritionists and nutrition services (preventive and interventive) to the segments of the population at highest risk for nutrition problems.
* Expand the availability of food assistance programs for low-income families in rural and/or under served areas.
* Improve outreach efforts of food assistance programs for low-income families.
* Increase availability of community-based wellness programs to educate high-risk, low income groups about weight control and low-fat diets.
* Increase availability of nutrition information at grocery stores.

HEALTH OBJECTIVE FOR LAREDO/WEBB YEAR 2000
INCREASE THE NUMBER OF ADULTS WHO PARTICIPATE IN REGULAR EXERCISE AND FITNESS ACTIVITIES

Indicator	Local rate 1995	U.S.	Year 2000 Objective
Laredoans age 18 and older who participate in at least moderate physical activities three or more days per week for 20 minutes or more per occasion	17.2%	22%	55%

RECOMMENDATIONS

*Increase the number of Laredo employers, including schools and state agencies, who implement Heart at Work, or other fitness-related programs. Increase participation in National health and Fitness day activities and use this event to collect data on awareness and participation.

HEALTH OBJECTIVE FOR LAREDO/WEBB COUNTY YEAR 2000
REDUCE TOBACCO USE BY YOUTH AND ADULTS

Indicator (Percentage)	Local rate 1995	U.S.	Year 2000 Objective
Smoking prevalence among Hispanic adults age 18 and older	17.4%	40%	18%
Per capita consumption of cigarettes, adults age 18 and older	1,825	Not available	1,400

RECOMMENDATIONS

* Dedicate revenue for education about and prevention of tobacco use.
* Establish minimum standards for regulating smoking in public places and worksites and to prohibit the sale of tobacco in vending machines.
* Deliver stop smoking messages to clients and serve as spokepersons for community anti-tobacco efforts.

HEALTH OBJECTIVE FOR LAREDO/WEBB COUNTY YEAR 2000
REDUCE THE NUMBER OF DEATHS OF ADULT RESIDENTS DUE TO HEART DISEASE

Indicator	Webb County 1993	U.S.	Year 2000 Objective
Deaths due to ischemic heart diseases in Laredo, Webb county (total age-adjusted rate/100,000)	169.6	135	100
Overall prevalence of hypertension in persons age 18 and older	27.9% (Survey 1995)	30%	25%
Cholesterol: Prevalence of high blood cholesterol and triglycerides in persons age 18 and older	60% (Department 1995)	27%	20%
Percentage of persons age 18 and older who have had their cholesterol checked in the last five years and can state if it was high or within desired limits	16% (Survey 1995)	Not Available	90%

RECOMMENDATIONS

* Eliminate or reduce heart disease risk factors by adopting a healthy lifestyle, adopt a nutritionally adequate diet with lower saturated fats and cholesterol, smoking avoidance, appropriate exercise habits, maintain desirable weight and the control of hypertension and diabetes.
* Integrate into schools a required curriculum that promotes and teaches a healthy lifestyle, including smoking cessation and prevention, regular exercise and a nutritional and healthy diet.
* Increase the awareness by key public decision makers regarding the social and economic impact of heart disease.
* Encourage school boards and administrators to adopt heart-healthy menus for school cafeterias and institute policies for a smoke-free environment.

HEALTH OBJECTIVE FOR LAREDO/WEBB COUNTY YEAR 2000
REDUCE THE NUMBER OF DEATHS OF
ADULT RESIDENTS DUE TO STROKE

Indicators	Webb County 1993	U.S.	Year 2000 Objective
Deaths due to stroke (Cerebrovascular disease) (Rate/100,000)	36.9	30.3	25
Hypertension: Percentage of people age 18 and older who had their blood pressure checked within the past two years and can state whether it was within normal limits, or elevated	91.8%[3]	79%	90%
Obesity: Percentage of adults age 18 to 75 with excess weight	48.8% (1995)	34%	20%

RECOMMENDATIONS

* Encourage restaurants to write menus in an understandable format that will allow consumer to make healthy choices.
* Reduce the sodium content of foods, including convenience foods.
* Choose foods that have a lower sodium content.
* Provide school curricula that emphasize healthy lifestyle choices, such as regular exercise, smoking avoidance, weight control and the importance of a nutritionally adequate diet that focuses on the relationship between saturated fats, cholesterol and heart disease.
* Provide health promotion programs which focus on interventions aimed at reduction of cerebrovascular risk factors.
* Encourage purchase of health insurance policies which subsidize or provide benefits for health maintenance and disease prevention programs.

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[3]The percentage of people age 18 and older who got their blood pressure checked by a health professional within the last two years in our survey is higher than the percentage for the nation (79%) and above the percentage of the Year 2000 Objective, which is (90%). In addition, the prevalence of hypertension in persons age 18 and older in our community is (27.9%), which is lower than the hypertension prevalence for the nation (30%.) This was an unexpected finding of our survey

HEALTH OBJECTIVE FOR LAREDO/WEBB COUNTY YEAR 2000
REDUCE THE NUMBER OF DEATHS OF ADULT RESIDENTS
DUE TO COLORECTAL, CERVICAL AND BREAST CANCER

Indicator (Rate/100,000)	Webb County 1993	U.S.	Year 2000 Objective
Colorectal Cancer: Deaths due to colorectal, cancer age 40 and older	33.3	20.1	13.2
Breast cancer: Deaths due to breast cancer, women age 40 and older	39.7	22.9	20.6
Cervical cancer: Deaths due to cervical cancer, women age 20 and older	9.87	2.8	1.3

RECOMMENDATIONS

* Increase public education programs for prevention of cancer, including breast, cervical, lung, colon, oral, skin, prostate and testicular cancers.
* Increase professional education opportunities for cancer prevention and control.
* Make state-of-the-art cancer screening procedures available to a larger number of adults, especially those over 40 years of age.
* Focus additional resources on cancer prevention and control efforts for high risk populations.
* Identify and reduce barriers to cancer prevention and control, (cost of mammograms, lack of transportation, lack of knowledge, lack of physician referral and socio-cultural barriers).
* Evaluate the effectiveness of cancer prevention and health promotion strategies in Laredo/Webb county area.
* Design and expand public awareness campaigns for community cancer screening and early detection and diagnostic services.
* Encourage linkages between hospitals, voluntary health agencies and nonhealth related community and advocacy groups to improve cancer prevention activities.
* Support efforts to reduce exposure to carcinogens in foods, drinking water, indoor and ambient air in the general home environment and occupational settings.

HEALTH OBJECTIVE FOR LAREDO/WEBB COUNTY YEAR 2000
REDUCE THE LOCAL INCIDENCE AND RATE OF DEATH AND DISABILITY DUE TO DIABETES

Indicators	Webb County 1993	U.S.	Year 2000 Objective
Diabetes Mellitus: Deaths due to diabetes mellitus. Age adjusted rate, per 100,000	65.7	38	34
Prevalence of diabetes mellitus per 1,000 people	98	28	25

RECOMMENDATIONS

* Increase education of the public for prevention of diabetes mellitus type II, including proper weight control and regular exercise.
* Make screening procedures for diabetes and diabetic complications available to a larger number of adults over age 40, especially in high risk populations, and facilitate referrals to appropriate service providers.
* Make access to detection, education and treatment of diabetes and diabetic complications available to the entire state population.
* Promote continuing education or periodic training for primary care providers in the current concepts of diabetes care and management.
* Develop public awareness campaigns for diabetes and its complications.

APPENDIX B

LIST OF QUESTIONS AND ANALYSIS OF THE SURVEY INSTRUMENTS

Q1 In what language would you prefer to be interviewed?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
English	1	433	39.4	39.4	39.4
Spanish	2	667	60.6	60.6	100.0
Total		1100	100.0	100.0	

Mean	1.606	Std dev	.489	Variance	.239
Valid cases	1100	Missing cases	0		

Q2 What other languages do you speak, read and write fluently?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
English	1	356	32.4	32.4	32.4
Spanish	2	439	39.9	39.9	72.3
Other	3	3	.3	.3	72.5
None	4	302	27.5	27.5	100.0
Total		1100	100.0	100.0	

Mean	2.228	Std dev	1.172	Variance	1.374
Valid cases	1100	Missing cases	0		

Q3 If the Health Department were to send you a written communication in which language would you prefer it?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
English	1	492	44.7	44.7	44.7
Spanish	2	604	54.9	54.9	99.6
Other	3	4	.4	.4	100.0
Total		1100	100.0	100.0	

Mean	1.556	Std dev	.504	Variance	.254
Valid cases	1100	Missing cases	0		

Q4 What is your gender?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Female	1	824	74.9	74.9	74.9
Male	2	276	25.1	25.1	100.0
Total		1100	100.0	100.0	

Mean	1.251	Std dev	.434	Variance	.188
Valid cases	1100	Missing cases	0		

Q5 What is your marital Status?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Single	1	122	11.1	11.1	11.1
Married	2	745	67.7	67.8	78.9
Divorced	3	64	5.8	5.8	84.7
Widowed	4	120	10.9	10.9	95.6
Separated	5	39	3.5	3.5	99.2
Other	6	9	.8	.8	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	2.305	Std dev	.982	Variance	.964
Valid cases	1099	Missing cases	1		

Q6 To which of the following age groups do you belong?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
<20 yrs.	1	25	2.3	2.3	2.3
20-29 yrs	2	183	16.6	16.6	18.9
30-39 yrs.	3	216	19.6	19.6	38.5
40-49 yrs.	4	245	22.3	22.3	60.8
50-59 yrs.	5	147	13.4	13.4	74.2
60-69 yrs.	6	154	14.0	14.0	88.2
70-79 yrs.	7	94	8.5	8.5	96.7
80 yrs. and Above	8	36	3.3	3.3	100.0
	Total	1100	100.0	100.0	

Mean	4.204	Std dev	1.736	Variance	3.014
Valid cases	1100	Missing cases	0		

Q7 What is your citizenship?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
United States	1	784	71.3	71.3	71.3
Mexico	2	308	28.0	28 0	99.3
Other	3	8	.7	.7	100.0
	Total	1100	100.0	100.0	

Mean	1.295	Std dev	.472	Variance	.223
Valid cases	1100	Missing cases	0		

Q8 With which of the following ethnic groups do you identify yourself?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Mexican-American	1	773	70.3	70.3	70.3
Puerto Rican	3	1	.1	.1	70.4
Caucasian	4	80	7.3	7.3	77.7
Asian	6	2	.2	.2	77.9
Other	7	243	22.1	22.1	100.0
	.	1	.1	Missing	
	Total	1100	100.0	100.0	

Mean	2.556	Std dev	2.500	Variance	6.249
Valid cases	1099	Missing cases	1		

Q9 How many immediate family members (father, mother, siblings) reside in this housing unit?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
1	1	97	8.8	8.8	8.8
2 to 4	2	661	60.1	60.1	69.0
5 to 7	3	301	27.4	27.4	96.4
8 to 10	4	38	3.5	3.5	99.8
>10	5	2	.2	.2	100.0
	.	1	.1	Missing	
	Total	1100	100.0	100.0	

Mean	2.260	Std dev	.670	Variance	.450
Valid cases	1099	Missing cases	1		

Q10 How many non-immediate family members (aunt, uncle, cousin, friend, others) reside in this housing unit and have no other usual address at which they reside?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
1	1	65	5.9	5.9	5.9
2 to 3	2	23	2.1	2.1	8.0
4 to 5	3	9	.8	.8	8.8
>5	4	6	.5	.5	9.4
None	5	994	90.4	90.5	99.9
	6	1	.1	.1	100.0
	.	2	.2	Missing	
Total		1100	100.0	100.0	

Mean	4.679	Std dev	1.036	Variance	1.073
Valid cases	1098	Missing cases	2		

Q11 Typically, which radio station do you listen to for entertainment the most?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
KHOY	1	33	3.0	3.0	3.0
KBDR	2	69	6.3	6.3	9.3
KJBZ	3	247	22.5	22.5	31.8
KLAR	4	20	1.8	1.8	33.6
KOYE	5	83	7.5	7.6	41.1
KRRG	6	84	7.6	7.6	48.8
KZTQ	7	43	3.9	3.9	52.7
KDOS	8	58	5.3	5.3	58.0
KBNL	9	38	3.5	3.5	61.4
Other	10	159	14.5	14.5	75.9
None	11	265	24.1	24.1	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	6.845	Std dev	3.482	Variance	12.127
Valid cases	1099	Missing cases	1		

Q12 Typically, which television station do you watch for entertainment the most?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
KGNS Pro-8 News	1	363	33.0	33.0	33.0
KVTV	2	62	5.6	5.6	38.6
Public Access Station	3	58	5.3	5.3	43.9
Other	4	583	53.0	53.0	96.9
None	5	34	3.1	3.1	100.0
	Total	1100	100.0	100.0	

Mean	2.875	Std dev	1.420	Variance	2.016
Valid cases	1100	Missing cases	0		

Q13 What radio station do you listen to for news or current events the most?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
KHOY	1	17	1.5	1.5	1.5
KBDR	2	49	4.5	4.5	6.0
KJBZ	3	117	10.6	10.6	16.6
KLAR	4	39	3.5	3.5	20.2
KOYE	5	65	5.9	5.9	26.1
KRRG	6	55	5.0	5.0	31.1
KZTQ	7	37	3.4	3.4	34.5
KDOS	8	33	3.0	3.0	37.5
KBNL	9	24	2.2	2.2	39.6
Other	10	111	10.1	10.1	49.7
None	11	553	50.3	50.3	100.0
	Total	1100	100.0	100.0	

Mean	8.372	Std dev	3.343	Variance	11.175
Valid cases	1100	Missing cases	0		

Q14 What television station do you watch for news or current events the most?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
KGNS	1	594	54.0	54.0	54.0
KVTV	2	79	7.2	7.2	61.2
Public Access Station	3	59	5.4	5.4	66.5
Other	4	334	30.4	30.4	96.9
None	5	34	3.1	3.1	100.0
Total		1100	100.0	100.0	

Mean	2.214	Std dev.	1.429	Variance	2.043
Valid cases	1100	Missing cases	0		

Q 15 How often do you read a newspaper(s) this may include local, non-local and foreign newspapers)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Daily	1	620	56. 4	56. 4	56. 4
Weekends Only	2	137	12.5	12.5	68.9
Never	3	270	24.5	24.6	93.4
Other	4	72	6.5	6.6	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	1.813	Std Dev.	1.019	Variance	1.038
Valid cases	1099	Missing Cases	1		

Q 16 Which newspaper do you read the majority of the time?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Laredo Morning Times	1	721	65.5	86.7	86.7
Laredo Today	2	1	.1	.1	86.8
San Antonio Express	3	25	2.3	3.0	89.8
El Diario de Nvo L.	4	28	2.5	3.4	93.1
El Manana de Nvo.L.	5	50	4.5	6.0	99.2
Others	6	7	.6	.8	100.0
	.	268	24.4	Missing	
Total		1100	100.0	100.0	

Mean	1.445	Std dev	1.183	Variance	1.400
Valid cases	832	Missing cases	268		

Q 17 How do you obtain the majority of your health information?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Television	1	675	61.4	61.4	61.4
Radio	2	20	1.8	1.8	63.2
Newspaper	3	95	8.6	8.6	71.8
Flyers	4	14	1.3	1.3	73.1
Word of mouth	5	83	7.5	7.5	80.6
Magazines	6	109	9.9	9.9	90.5
Others	7	104	9.5	9.5	100.0
Total		1100	100.0	100.0	

Mean	2.594	Std dev	2.243	Variance	5.031
Valid cases	1100	Missing cases	0		

Q 18 What is the highest grade (or year) of regular school you last attended?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Elementary (1-6)	1	261	23.7	23.7	23.7
Junior High (7-8)	2	191	17.4	17.4	41.1
High School (9-12)	3	250	22.7	22.7	63.9
Vocational School	4	60	5.5	5.5	69.3
Junior/Comm. Col	5	126	11.5	11.5	80.8
Undergraduate	6	89	8.1	8.1	88.9
Graduate	7	82	7.5	7.5	96.4
Post Graduate	8	16	1.5	1.5	97.8
Other	9	24	2.2	2.2	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	3.380	Std. dev.	2.138	Variance	4.569
Valid cases	1099	Missing cases	1		

Q 19 What is your estimated individual yearly income?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
0 to <$10,000/yr.	1	656	59.6	60.1	60.1
$10,000 to <$15,000/	2	122	11.1	11.2	71.3
$15,000 to <$20,000/	3	71	6.5	6.5	77.8
520,000 to <$25,000/	4	59	5.4	5.4	83.2
$25,000 to <$30,000/	5	54	4.9	4.9	88.2
$30,000 to <$35,000/	6	45	4.1	4.1	92.3
$35,000 to <$40,000/	7	30	2.7	2.7	95.1
$40,000 to <$50,000/	8	28	2.5	2.6	97.6
$50,000 to <$60,000/	9	7	.6	.6	98.3
>$60,000/yr.	10	19	1.7	1.7	100.0
	.	9	.8	Missing	
Total		1100	100.0	100.0	

Mean	2.361	Std dev	2.214	Variance	4.902
Valid cases	1091	Missing cases	9		

Q 20 What is your estimated, total household income (father, mother, sibling)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
0 to <$10,000/yr	1	340	30.9	32.3	32.3
$10,000 to <$15,000	2	185	16.8	17.6	49.9
$15,000 to <$20,000	3	94	8.5	8.9	58.8
$20,000 to <$25,000	4	77	7.0	7.3	66.2
$25,000 to <$30,000	5	58	5.3	5.5	71.7
$30,000 to <$35,000	6	52	4.7	4.9	76.6
$35,000 to <$40,000	7	39	3.5	3.7	80.3
$40,000 to <$50,000	8	68	6.2	6.5	86.8
$50,000 to <$60,000	9	46	4.2	4.4	91.2
>$60,000	10	93	8.5	8.8	100.0
	.	48	4.4	Missing	
Total		1100	100.0	100.0	

Mean	3.862	Std dev	3.096	Variance	9.588
Valid cases	1052	Missing cases	48		

Q 21 What category of income is this?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Gross	1	824	74.9	79.5	79.5
Take-Home	2	169	15.4	16.3	95.8
Other	3	43	3.9	4.2	100.0
	.	64	5.8	Missing	
Total		1100	100.0	100.0	

Mean	1.246	Std dev	.518	Variance	.269
Valid cases	1036	Missing cases	64		

Q 22 What other sources of income do you receive in addition to a salary?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Social Security	1	194	17.6	18.3	18.3
Self Empl. Rent...	2	41	3.7	3.9	22.2
Welfare Assistance	3	100	9.1	9.5	31.7
Parental Child Suppo	4	27	2.5	2.6	34.2
Retirement Benefits	5	29	2.6	2.7	37.0
Other	6	33	3.0	3.1	40.1
None	7	634	57.6	59.9	100.0
	.	42	3.8	Missing	
Total		1100	100.0	100.0	

Mean	5.165	Std dev	2.468	Variance	6.093
Valid cases	1058	Missing cases	42		

Q 23 Are you currently employed?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	452	41.1	41.4	41.4
No	2	641	58.3	58.6	100.0
	.	7	.6	Missing	
Total		1100	100.0	100.0	

Mean	1.586	Std dev	.493	Variance	.243
Valid cases	1093	Missing cases	7		

Q 24 Are you self-employed?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	71	6.5	15.1	15.1
No	2	398	36.2	84.9	100.0
	.	631	57.4	Missing	
Total		1100	100.0	100.0	

Mean	1.849	Std dev	.359	Variance	.129
Valid cases	469	Missing cases	631		

Q25 If you are not self-employed, which would apply?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Fulltime	1	338	30.7	81.6	81.6
Partime	2	62	5.6	15.0	96.6
Temporary	3	7	.6	1.7	98.3
Seasonal	4	2	.2	.5	98.8
Other	5	5	.5	1.2	100.0
	.	686	62.4	Missing	
Total		1100	100.0	100.0	

Mean	1.246	Std dev	.628	Variance	.394
Valid cases	414	Missing cases	686		

Q 26 How long have you been working?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
<1 year	1	33	3.0	7.3	7.3
1-5 years	2	120	10.9	26.4	33.7
6-10 years	3	63	5.7	13.9	47.6
11-15 years	4	52	4.7	11.5	59.0
16-20 years	5	76	6.9	16.7	75.8
21 years & Above	6	109	9.9	24.0	99.8
Have Never Worked	7	1	.1	.2	100.0
	.	646	58.7	Missing	
Total		1100	100.0	100.0	

Mean	3.769	Std dev	1.718	Variance	2.951
Valid cases	454	Missing cases	646		

Q 27 How many jobs have you held within the last three years?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
1	1	324	29.5	71.8	71.8
2-3	2	114	10.4	25.3	97.1
4-5	3	8	.7	1.8	98.9
>5	4	5	.5	1.1	100.0
	.	649	59.0	Missing	
Total		1100	100.0	100.0	

Mean 1.322 Std dev .566 Variance .321
Valid cases 451 Missing cases 649

Q28 What kind of business or industry do you work in (i.e., city/state gov., retail, communication, agricultural)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Retail, Sales, Busin	1	120	10.9	26.5	26.5
Government	2	63	5.7	13.9	40.4
Restaurant	3	29	2.6	6.4	46.8
Manufacturing	4	12	1.1	2.6	49.4
Education	5	95	8.6	21.0	70.4
Cust. Broker/Frt Fwd	6	13	1.2	2.9	73.3
Transportation	7	23	2.1	5.1	78.4
Construction	8	16	1.5	3.5	81.9
Other	9	82	7.5	18.1	100.0
	.	647	58.8	Missing	
Total		1100	100.0	100.0	

Mean 4.329 Std dev 2.964 Variance 8.788
Valid cases 453 Missing cases 647

Q29 During the past twelve months about how many times did an illness or injury keep you in bed for more than half of the day?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
1 to 3	1	139	12.6	30.3	30.3
4 to 6	2	16	1.5	3.5	33.8
7 to 9	3	5	.5	1.1	34.9
10 to 12	4	4	.4	.9	35.7
>12	5	16	1.5	3.5	39.2
None	6	279	25.4	60.8	100.0
	.	641	58.3	Missing	
Total		1100	100.0	100.0	

Mean	4.261	Std dev	2.299	Variance	5.285
Valid cases	459	Missing cases	641		

Q30 If you are not employed, which of the following apply?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Retired	1	11	1.0	73.3	73.3
Disabled	2	1	.1	6.7	80.0
Not Working but look	4	2	.2	13.3	93.3
Other	6	1	.1	6.7	100.0
	.	1085	98.6	Missing	
Total		1100	100.0	100.0	

Mean	1.800	Std dev	1.568	Variance	2.457
Valid cases	15	Missing cases	1085		

Q31 If you have not been working within the last six months which of the following apply?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Looking for work	1	75	6.8	11.7	11.7
Not working/looking	2	545	49.5	85.3	97.0
Other	3	19	1.7	3.0	100.0
	.	461	41.9	Missing	
Total		1100	100.0	100.0	

Mean	1.912	Std dev	.374	Variance	.140
Valid cases	639	Missing cases	461		

Q32 About how long has it been since you last saw or talked to a doctor or medical assistant?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
< 1 mos. ago	1	303	27.5	27.6	27.6
1 to 4 mos. ago	2	268	24.4	24.5	52.1
5 to 8 mos. ago	3	148	13.5	13.5	65.6
9 to 12 mos. ago	4	108	9.8	9.9	75.5
1 to 2 yrs. ago	5	158	14.4	14.4	89.9
3 to 4 yrs. ago	6	45	4.1	4.1	94.0
> 4 yrs. ago	7	66	6.0	6.0	100.0
	.	4	.4	Missing	
Total		1100	100.0	100.0	

Mean	2.953	Std dev	1.833	Variance	3.359
Valid cases	1096	Missing cases	4		

Q33 How often do you eat breakfast?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Daily	1	665	60.5	60.7	60.7
4-6 times per week	2	102	9.3	9.3	70.0
1-3 times per week	3	221	20.1	20.2	90.1
Never	4	108	9.8	9.9	100.0
	.	4	.4	Missing	
Total		1100	100.0	100.0	

Mean	1.792	Std dev	1.077	Variance	1.160
Valid cases	1096	Missing cases	4		

Q34 Including evening snacks how often do you eat in between meals?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Daily	1	345	31.4	31.5	31.5
4-6 times a week	2	99	9.0	9.0	40.5
1-3 times a week	3	294	26.7	26.8	67.3
Never	4	358	32.5	32.7	100.0
	.	4	.4	Missing	
Total		1100	100.0	100.0	

Mean	2.607	Std dev	1.234	Variance	1.523
Valid cases	1096	Missing cases	4		

Q35 When you visit a doctor or other health professional for routine care, is diet or nutrition discussed?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	325	29.5	29.6	29.6
Sometimes	2	314	28.5	28.6	58.1
Rarely	3	163	14.8	14.8	73.0
Never	4	279	25.4	25.4	98.4
	5	18	1.6	1.6	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	2.409	Std dev	1.200	Variance	1.441
Valid cases	1099	Missing cases	1		

Q36 Regarding weight, which of the following would you consider yourself?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Overweight	1	537	48.8	48.8	48.8
Underweight	2	49	4.5	4.5	53.3
About right	3	501	45.5	45.5	98.8
Don't Know	4	13	1.2	1.2	100.0
Total		1100	100.0	100.0	

Mean	1.991	Std dev	.996	Variance	.992
Valid cases	1100	Missing cases	0		

Q37 Compared to your present weight, which of the following would you prefer to weight?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
More	1	47	4.3	4.3	4.3
Less	2	680	61.8	61.8	66.1
Same	3	366	33.3	33.3	99.4
Don't Know	4	7	.6	.6	100.0
Total		1100	100.0	100.0	

Mean	2.303	Std dev	.556	Variance	.310
Valid cases	1100	Missing cases	0		

Q38 In your opinion, which is the best method to lose weight?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Healthy Nutrition	1	249	22.6	22.8	22.8
Dieting-Fasting-Fad	2	130	11.8	11.9	34.6
Exercise	3	282	25.6	25.8	60.4
Combination healthy	4	258	23.5	23.6	84.0
No eating in-between	5	42	3.8	3.8	87.8
Other	6	133	12.1	12.2	100.0
	.	6	.5	Missing	
Total		1100	100.0	100.0	

Mean	3.103	Std dev	1.583	Variance	2.504
Valid cases	1094	Missing cases	6		

Q39 Are you currently trying to lose weight?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	442	40.2	40.3	40.3
No	2	655	59.5	59.7	100.0
	.	3	.3	Missing	
Total		1100	100.0	100.0	

Mean	1.597	Std dev	.491	Variance	.241
Valid cases	1097	Missing cases	3		

Q40 If yes, how are you trying to lose weight?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Healthy nutrition	1	121	11.0	26.4	26.4
Dieting/Fasting/Fad	2	58	5.3	12.6	39.0
Exercise	3	105	9.5	22.9	61.9
Combination healthy	4	102	9.3	22.2	84.1
Not eating in-between	5	14	1.3	3.1	87.1
Other	6	59	5.4	12.9	100.0
	.	641	58.3	Missing	
Total		1100	100.0	100.0	

Mean	3.015	Std dev	1.639	Variance	2.688
Valid cases	459	Missing cases	641		

Q41 Compared to other people your age, how could you categorize your physical health?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Excellent	1	129	11.7	12.0	12.0
Good	2	587	53.4	54.8	66.8
Fair	3	315	28.6	29.4	96.2
Poor	4	41	3.7	3.8	100.0
	.	28	2.5	Missing	
Total		1100	100.0	100.0	

Mean	2.250	Std dev	.711	Variance	.505
Valid cases	1072	Missing cases	28		

Q42 Do you have health/medical insurance?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	679	61.7	61.8	61.8
No	2	417	37.9	37.9	99.7
Don't Know	3	3	.3	.3	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	1.385	Std dev	.492	Variance	.242
Valid cases	1099	Missing cases	1		

Q43 If you do have insurance what type do you have?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Private	1	90	8.2	13.0	13.0
Assigned by Employer	2	357	32.5	51.4	64.4
Medicare	3	178	16.2	25.6	90.1
	3	1	.1	.1	90.2
Medicaid	4	60	5.5	8.6	98.8
Other	5	8	.7	1.2	100.0
	.	406	36.9	Missing	
Total		1100	100.0	100.0	

Mean	2.336	Std dev	.852	Variance	.726
Valid cases	694	Missing cases	406		

Q44 Do you have any special/additional insurances?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	357	32.5	50.1	50.1
No	2	356	32.4	49.9	100.0
	.	387	35.2	Missing	
Total		1100	100.0	100.0	

Mean	1.499	Std dev	.500	Variance	.250
Valid cases	713	Missing cases	387		

Q45 If you do have special/additional insurances which type do you have (i.e., cancer, life or long-term health)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Cancer Insurance	1	53	4.8	14.4	14.4
Life Insurance	2	246	22.4	66.7	81.0
Accidental death/Dis	3	20	1.8	5.4	86.4
Long-term disability	4	5	.5	1.4	87.8
Other	5	45	4.1	12.2	100.0
	.	731	66.5	Missing	
Total		1100	100.0	100. 0	

Mean	2.304	Std dev	1.123	Variance	1.261
Valid cases	369	Missing cases	731		

Q46 Who pays for your insurance?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Self	1	252	22.9	36.7	36.7
Employer	2	104	9.5	15.1	51.8
Comb. Self/Emp	3	166	15.1	24.2	76.0
Other	4	165	15.0	24.0	100.0
	.	413	37.5	Missing	
Total		1100	100.0	100.0	

Mean	2.355	Std dev	1.202	Variance	1.445
Valid cases	687	Missing cases	413		

Q47 Whom other than yourself does your insurance cover?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Spouse	1	231	21.0	33.8	33.8
Children	2	77	7.0	11.3	45.1
Parents	3	5	.5	.7	45.8
Family	4	142	12.9	20.8	66.6
Other	5	11	1.0	1.6	68.2
None	6	217	19.7	31.8	100.0
	.	417	37.9	Missing	
Total		1100	100.0	100.0	

Mean	3.404	Std dev	2.107	Variance	4.441
Valid cases	683	Missing cases	417		

Q48 If you do have insurance, do you typically exceed your deductible?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	158	14.4	24.8	24.8
Sometime	2	202	18.4	31.7	56.4
Rarely	3	105	9.5	16.5	72.9
Never	4	173	15.7	27.1	100.0
	.	462	42.0	Missing	
Total		1100	100.0	100.0	

Mean	2.459	Std dev	1.135	Variance	1.288
Valid cases	638	Missing cases	462		

Q49 Did you have health/medical insurance in the past?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	196	17.8	41.9	41.9
No	2	272	24.7	58.1	100.0
	.	632	57.5	Missing	
Total		1100	100.0	100.0	

Mean	1.581	Std dev	.494	Variance	.244
Valid cases	468	Missing cases	632		

Q50 What is the reason why you don't have health/medical insurance now?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Too costly	1	303	27.5	72.5	72.5
Discontinuation of	2	76	6.9	18.2	90.7
Other	3	39	3.5	9.3	100.0
	.	682	62.0	Missing	
Total		1100	100.0	100.0	

Mean	1.368	Std dev	.648	Variance case	.420
Valid cases	418	Missing cases	682		

Q51 How long have you been without health/medical insurance?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Within the last 6 mos	1	25	2.3	6.0	6.0
Within the last 7 to	2	22	2.0	5.3	11.4
Within 1-2 years	3	40	3.6	9.7	21.0
Within the past 3 to	4	36	3.3	8.7	29.7
5 or more years ago	5	78	7.1	18.8	48.6
Never	6	102	9.3	24.6	73.2
Don't Know	7	111	10.1	26.8	100.0
	.	686	62.4	Missing	
Total		1100	100.0	100.0	

Mean	5.101	Std dev.	1.798	Variance	3.234
Valid cases	414	Missing cases	686		

Q52 Even when I am not sick, I visit my doctor for routine check- ups

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	1	528	48.0	48.0	48.0
Somewhat agree	2	139	12.6	12.6	60.6
Don't know	3	44	4.0	4.0	64.6
Somewhat disagree	4	70	6.4	6.4	71.0
Strongly disagree	5	319	29.0	29.0	100.0
	Total	1100	100.0	100.0	

Mean	2.557	Std dev	1.754	Variance	3.077
Valid cases	1100	Missing cases	0		

Q53 I only visit a doctor when I am very ill.

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	1	560	50.9	50.9	50.9
Somewhat agree	2	115	10.5	10.5	61.4
Don't know	3	8	.7	.7	62.1
Somewhat disagree	4	69	6.3	6.3	68.4
Strongly disagree	5	348	31.6	31.6	100.0
	Total	1100	100.0	100.0	

Mean	2.573	Std dev	1.814	Variance	3.290
Valid cases	1100	Missing cases	0		

Q54 When you feel sick or need advise about your health, do you have a choice regarding which clinic, health center or doctor's office you can go to?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	924	84.0	84.2	84.2
No	2	127	11.5	11.6	95.8
Limited	3	46	4.2	4.2	100.0
	.	3	.3	Missing	
	Total	1100	100.0	100.0	

Mean	1.200	Std dev	.494	Variance	.244
Valid cases	1097	Missing cases	3		

Q55 What kind of clinic, health center, doctor's office or other place do you usually go to if you feel sick or need advice about your health?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Doctor's office	1	813	73.9	73.9	73.9
Hospital outpatient	2	72	6.5	6.5	80.5
Hospital ER	3	68	6.2	6.2	86.6
Health Dept. Clinic	4	59	5.4	5.4	92.0
Company or Industry	5	2	.2	.2	92.2
Hlth. Ctr. Comm.	6	37	3.4	3.4	95.5
Don't go at all	7	28	2.5	2.5	98.1
Other	8	21	1.9	1.9	100.0
Total		1100	100.0	100.0	

Mean	1.812	Std dev	1.691	Variance	2.861
Valid cases	1100	Missing cases	0		

Q56 At the clinic, health center, or doctor's office you go to, do you have a choice regarding which doctor you can see?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	884	80.4	81.0	81.0
No	2	164	14.9	15.0	96.1
Limited	3	43	3.9	3.9	100.0
	.	9	.8	Missing	
Total		1100	100.0	100.0	

Mean	1.229	Std dev	.506	Variance	.256
Valid cases	1091	Missing cases	9		

Q57 Typically, do you see the same doctor or health professional when you need health care?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	695	63.2	63.5	63.5
Sometimes	2	265	24.1	24.2	87.7
Rarely	3	79	7.2	7.2	94.9
Never	4	56	5.1	5.1	100.0
	.	5	.5	Missing	
Total		1100	100.0	100.0	

Mean	1.540	Std dev	.837	Variance	.700
Valid cases	1095	Missing	5		

Q58 Which of the following is the main reason why you do not repeatedly see the same doctor when you are in need of medical care?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Have 2 or more Drs.	1	85	7.7	46.7	46.7
Haven't needed a Dr.	2	48	4.4	26.4	73.1
Previous Dr. not avail.	3	6	.5	3.3	76.4
Haven't been able to find the right Dr.	4	12	1.1	6.6	83.0
For a second opinion	5	6	.5	3.3	86.3
Recently moved to area and can't afford medical care.	6	2	.2	1.1	87.4
Other	7	23	2.1	12.6	100.0
	.	918	83.5	Missing	
Total		1100	100.0	100.0	

Mean	2.473	Std dev	2.048	Variance	4.195
Valid cases	182	Missing cases	918		

Q59 Do you go to the same clinic, health center or doctor's office when you are in need of health care?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	752	68.4	69.0	69.0
Sometimes	2	240	21.8	22.0	91.0
Rarely	3	61	5.5	5.6	96.6
Never	4	37	3.4	3.4	100.0
	.	10	.9	Missing	
Total		1100	100.0	100.0	

Mean	1.434	Std dev	.749	Variance	.562
Valid cases	1090	Missing cases	10		

Q60 Which of the following is the main reason why you do not repeatedly go to the same clinic, health center, or doctor's office when you are in need of medical care?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Have 2 or more Drs.	1	73	6.6	50.7	50.7
Haven't needed a Dr.	2	44	4.0	30.6	81.3
Previous Dr. not avail.	3	3	.3	2.1	83.3
Haven't been able to find the right Dr.	4	12	1.1	8.3	91.7
Recently moved to and can't afford med. care.	5	1	.1	.7	92.4
Other	6	11	1.0	7.6	100.0
	.	956	86.9	Missing	
Total		1100	100.0	100.0	

Mean	2.007	Std dev	1.470	Variance	2.161
Valid cases	144	Missing cases	956		

Q61 Have any of the following reasons prevented you from seeking health/medical services?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Type of ser. not ava.	1	17	1.5	1.6	1.6
Had to wait too long at health facility.	2	63	5.7	5.8	7.3
Dr. doesn't explain my illness/condition.	3	4	.4	.4	7.7
Can't understand lang. of health serv. prof.	4	1	.1	.1	7.8
Afraid of Dr.	5	12	1.1	1.1	8.9
Dr. needed only when I am very sick	6	204	18.5	18.7	27.5
Have to see too many people before Dr.	7	2	.2	.2	27.7
Don't get to see same Dr. regularly.	8	4	.4	.4	28.1
Other	9	62	5.6	5.7	33.8
None of following	10	724	65.8	66.2	100.0
	.	7	.6	Missing	
Total		1100	100.0	100.0	

Mean	8.497	Std dev	2.501	Variance	6.256
Valid cases	1093	Missing cases	7		

Q62 Who in the family makes the decision regarding when and which type of health/medical services will be sought for you?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Self	1	1040	94.5	94.5	94.5
Spouse	2	33	3.0	3.0	97.5
Father	3	10	.9	.9	98.5
Mother	4	11	1.0	1.0	99.5
Other	5	6	.5	.5	100.0
Total		1100	100.0	100.0	

Mean	1.100	Std dev	.484	Variance	.234
Valid cases	1100	Missing cases	0		

Q63 Who in the family makes the decision regarding when and which type of health/medical services will be sought for your children and/or other family members?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Self	1	965	87.7	90.9	90.9
Spouse	2	44	4.0	4.1	95.0
Father	3	13	1.2	1.2	96.2
Mother	4	19	1.7	1.8	98.0
Other	5	21	1.9	2.0	100.0
	.	38	3.5	Missing	
Total		1100	100.0	100.0	

Mean	1.199	Std dev	.727	Variance	.529
Valid cases	1062	Missing cases	38		

Q64 How would you rate your ability to communicate with your health care provider?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Excellent	1	222	20.2	20.2	20.2
Good	2	790	71.8	71.9	92.1
Fair	3	70	6.4	6.4	98.5
Poor	4	10	.9	.9	99.4
Don't Comm.	5	7	.6	.6	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	1.899	Std dev	.591	Variance	.350
Valid cases	1099	Missing cases	1		

Q65 Do you seek medical services in Mexico?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	164	14.9	14.9	14.9
Sometimes	2	224	20.4	20.4	35.3
Rarely	3	65	5.9	5.9	41.2
Never	4	647	58.8	58.8	100.0
Total		1100	100.0	100.0	

Mean	3.086	Std dev	1.176	Variance	1.382
Valid cases	1100	Missing cases	0		

Q66 If yes, why do you seek medical services in Mexico?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Cost	1	332	30.2	74.1	74.1
Better service	2	36	3.3	8.0	82.1
Language	3	7	.6	1.6	83.7
Accessibility	4	42	3.8	9.4	93.1
Other	5	31	2.8	6.9	100.0
	.	652	59.3	Missing	
Total		1100	100.0	100.0	

Mean	1.670	Std dev	1.284	Variance	1.649
Valid cases	448	Missing cases	652		

Q67 Do you purchase prescribed medications or over-the-counter medications in Mexico?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	216	19.6	19.7	19.7
Sometimes	2	301	27.4	27.5	47.2
Rarely	3	50	4.5	4.6	51.8
Never	4	528	48.0	48.2	100.0
	.	5	.5	Missing	
Total		1100	100.0	100.0	

Mean	2.813	Std dev	1.230	Variance	1.512
Valid cases	1095	Missing cases	5		

Q68 If yes, why do you purchase prescribed medications or over-the-counter medications in Mexico?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Cost	1	481	43.7	85.1	85.1
Better service	2	19	1.7	3.4	88.5
Language	3	2	.2	.4	88.8
Accessibility	4	46	4.2	8.1	97.0
Other	5	17	1.5	3.0	100.0
	.	535	48.6	Missing	
Total		1100	100.0	100.0	

Mean	1.405	Std dev	1.049	Variance	1.100
Valid cases	565	Missing cases	535		

Q69 Do you practice home remedies/folk medicine or curanderismo?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	136	12.4	12.4	12.4
Sometimes	2	348	31.6	31.7	44.1
Rarely	3	57	5.2	5.2	49.3
Never	4	557	50.6	50.7	100.0
	.	2	.2	Missing	
Total		1100	100.0	100.0	

Mean	2.943	Std dev	1.148	Variance	1.318
Valid cases	1098	Missing cases	2		

Q70 If yes, what type of home remedies/folk medicine or curanderismo do you practice?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Herbal teas	1	476	43.3	87.7	87.7
Sweep egg over baby/indiv.	2	31	2.8	5.7	93.4
Eat spoonfull of sugar/honey	3	22	2.0	4.1	97.4
Ointments	4	7	.6	1.3	98.7
Other	5	7	.6	1.3	100.0
	.	557	50.6	Missing	
Total		1100	100.0	100.0	

Mean	1.228	Std dev	.700	Variance	.490
Valid cases	543	Missing cases	557		

Q71 Even if you practice home remedies/folk medicine or curanderismo, do you still seek medical attention if your condition doesn't improve?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	528	48.0	96.9	96.9
No	2	17	1.5	3.1	100.0
	.	555	50.5	Missing	
Total		1100	100.0	100.0	

Mean	1.031	Std dev	.174	Variance	.030
Valid cases	545	Missing cases	555		

Q72 Are you a current smoker?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	191	17.4	17.4	17.4
No	2	909	82.6	82.6	100.0
Total		1100	100.0	100.0	

Mean	1.826	Std dev	.379	Variance	.144
Valid cases	1100	Missing cases	0		

Q73 If no, were you a smoker in the past?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	206	18.7	22.9	22.9
No	2	692	62.9	77.1	100.0
	.	202	18.4	Missing	
Total		1100	100.0	100.0	

Mean	1.771	Std dev	.421	Variance	.177
Valid cases	898	Missing cases	202		

Q74 If you were a smoker in the past, how long has it been since you quit?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 1 month	1	2	.2	1.0	1.0
1-6 months	2	8	.7	3.9	4.9
7-12 months	3	5	.5	2.5	7.4
1-2 years	4	12	1.1	5.9	13.3
3-4 years	5	23	2.1	11.3	24.6
5 years or more	6	72	6.5	35.5	60.1
	7	81	7.4	39.9	100.0
	.	897	81.5	Missing	
Total		1100	100.0	100.0	

Mean	5.887	Std dev	1.358	Variance	1.844
Valid cases	203	Missing cases	897		

Q75 What method/technique did you use to stop smoking?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Cold turkey	1	165	15.0	81.3	81.3
Gradual reduction	2	21	1.9	10.3	91.6
Attend smoking cessation program	3	1	.1	.5	92.1
Other	4	16	1.5	7.9	100.0
	.	897	81.5	Missing	
Total		1100	100.0	100.0	

Mean	1.350	Std dev	.845	Variance	.714
Valid cases	203	Missing cases	897		

Q76 About how long has it been since you last smoked regularly?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
< 1 month ago	1	1	.1	.5	.5
1 to 4 months ago	2	3	.3	1.6	2.1
5 to 8 months ago	3	10	.9	5.3	7.4
9 to <12 months ago	4	1	.1	.5	7.9
1 to 2 years ago	5	29	2.6	15.3	23.2
>2 years ago	6	146	13.3	76.8	100.0
	.	910	82.7	Missing	
Total		1100	100.0	100.0	

Mean	5.589	Std dev	.931	Variance	.868
Valid cases	190	Missing cases	910		

Q77 About how many cigarettes do you smoke per day?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
1 to 5 cigarettes	1	89	8.1	45.2	45.2
6 to 10 cigarettes	2	60	5.5	30.5	75.6
1 to 15 cigarettes	3	22	2.0	11.2	86.8
16 to 1 pack	4	17	1.5	8.6	95.4
>1 pack	5	9	.8	4.6	100.0
	.	903	82.1	Missing	
Total		1100	100.0	100.0	

Mean	1.970	Std dev.	1.151	Variance	1.326
Valid Cases	197	Missing cases	903		

Q78 How often do you experience an unusual amount of stress?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	168	15.3	15.3	15.3
Sometimes	2	482	43.8	44.0	59.3
Rarely	3	269	24.5	24.5	83.9
Never	4	177	16.1	16.1	100.0
	.	4	.4	Missing	
Total		1100	100.0	100.0	

Mean	2.415	Std dev	.934	Variance	.873
Valid cases	1096	Missing cases	4		

Q79 In the past year how much effect has stress had on your health?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
A lot	1	144	13.1	13.1	13.1
Some	2	271	24.6	24.7	37.8
Hardly any	3	227	20.6	20.7	58.5
None	4	432	39.3	39.4	97.9
Don't Know	5	23	2.1	2.1	100.0
	.	3	.3	Missing	
Total		1100	100.0	100.0	

Mean	2.926	Std dev	1.116	Variance	1.245
Valid cases	1097	Missing cases	3		

Q80 In the past did you consider seeking help from family, friends, professional or self-help group for any personal or emotional problem?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
A lot	1	60	5.5	5.5	5.5
Some	2	220	20.0	20.0	25.5
Hardly any	3	87	7.9	7.9	33.4
None	4	730	66.4	66.4	99.7
Don't Know	5	3	.3	.3	100.0
Total		1100	100.0	100.0	

Mean	3.360	Std dev	.982	Variance	.964
Valid cases	1100	Missing cases	0		

Q 81 Did you actually seek help from any family member, friend, professional or self-help group to help you deal with a personal or emotional problem?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
A lot	1	53	4.8	4.8	4.8
Some	2	229	20.8	20.9	25.7
Hardly any	3	67	6.1	6.1	31.8
None	4	744	67.6	67.8	99.6
Don't Know	5	4	.4	.4	100.0
	.	3	.3	Missing	
Total		1100	100.0	100.0	

Mean	3.380	Std dev	.975	Variance	.951
Valid cases	1097	Missing cases	3		

Q82 From whom did you seek help regarding a personal or emotional problem you may have had?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Fam. mem./relative.	1	503	45.7	46.1	46.1
Friend	2	83	7.5	7.6	53.7
Mental health prof.	3	75	6.8	6.9	60.5
Religious Counselor	4	93	8.5	8.5	69.0
Other	5	59	5.4	5.4	74.5
Did not seek help from anyone	6	279	25.4	25.5	100.0
	.	8	.7	Missing	
Total		1100	100.0	100.0	

Mean	2.962	Std dev	2.126	Variance	4.522
Valid cases	1092	Missing cases	8		

Q83 Have you ever been referred to a stress management program?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	26	2.4	2.4	2.4
No	2	1061	96.5	97.6	100.0
	.	13	1.2	Missing	
Total		1100	100.0	100.0	

Mean	1.976	Std dev	.153	Variance	.023
Valid cases	1087	Missing cases	13		

Q84 What do you do to relax or reduce stress?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Hobby	1	301	27.4	27.4	27.4
Exercise	2	146	13.3	13.3	40.7
Listen to Music	3	115	10.5	10.5	51.2
TV/Movie	4	231	21.0	21.0	72.2
Talk to someone	5	42	3.8	3.8	76.0
Smoke	6	13	1.2	1.2	77.2
Drink	7	7	.6	.6	77.9
Sleep	8	57	5.2	5.2	83.1
Other	9	186	16.9	16.9	100.0
	.	2	.2	Missing	
Total		1100	100.0	100.0	

Mean	3.943	Std dev	2.884	Variance	8.317
Valid cases	1098	Missing cases	2		

Q85 Generally speaking, is this (are these) techniques effective in helping you to handle the stress that you have?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	675	61.4	61.7	61.7
Sometimes	2	390	35.5	35.6	97.3
Rarely	3	19	1.7	1.7	99.1
Never	4	10	.9	.9	100.0
	.	6	.5	Missing	
Total		1100	100.0	100.0	

Mean	1.419	Std dev	.577	Variance	.333
Valid cases	1094	Missing cases	6		

Q86 Typically, how many alcoholic beverages do you consume in a week (this may include beer, wine, whiskey, scotch, gin, etc.)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
1 to 4 drinks	1	143	13.0	13.0	13.0
5 to 8 drinks	2	58	5.3	5.3	18.3
9 to 12 drinks	3	22	2.0	2.0	20.3
13 to 16 drinks	4	11	1.0	1.0	21.3
17 to 20 drinks	5	7	.6	.6	21.9
>20 drinks	6	10	.9	.9	22.8
None	7	848	77.1	77.2	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	5.823	Std dev	2.251	Variance	5.069
Valid cases	1099	Missing cases	1		

Q87 Do you drink alcoholic beverages while you are socializing (this may include beer, wine, whiskey, scotch, gin, etc.)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	76	6.9	20.0	20.0
Sometimes	2	150	13.6	39.5	59.5
Rarely	3	51	4.6	13.4	72.9
Never	4	103	9.4	27.1	100.0
	.	720	65.5	Missing	
Total		1100	100.0	100.0	

Mean	2.476	Std dev	1.093	Variance	1.195
Valid cases	380	Missing cases	720		

Q88 Do you drink alcoholic beverages when you are alone (this may include beer, wine, whiskey, scotch, gin, etc.)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	12	1.1	3.2	3.2
Sometimes	2	57	5.2	15.0	18.2
Rarely	3	53	4.8	13.9	32.1
Never	4	258	23.5	67.9	100.0
	.	720	65.5	Missing	
Total		1100	100.0	100.0	

Mean	3.466	Std dev	.860	Variance	.740
Valid cases	380	Missing cases	720		

Q89 If you do not drink alcoholic beverages, what is the main reason why you do not?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
No need/not nec.	1	191	17.4	23.4	23.4
Don't care for/dislike	2	437	39.7	53.6	77.0
Medical health reaso	3	57	5.2	7.0	83.9
Religious/moral reas	4	17	1.5	2.1	86.0
Brought up not to dr	5	3	.3	.4	86.4
Costs too much	6	3	.3	.4	86.8
Fam. mem. an alcoh.	7	8	.7	1.0	87.7
Infrequent drinker	8	83	7.5	10.2	97.9
Other	9	17	1.5	2.1	100.0
	.	284	25.8	Missing	
Total		1100	100.0	100.0	

Mean	2.708	Std dev	2.216	Variance	4.911
Valid cases	816	Missing cases	284		

Q90 Have you ever been referred to an alcohol related support group such as Alcoholics Anonymous?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	15	1.4	1.4	1.4
No	2	1083	98.5	98.6	100.0
	.	2	.2	Missing	
Total		1100	100.0	100.0	

Mean	1.986	Std dev	.116	Variance	.013
Valid cases	1098	Missing cases	2		

Q91 Do you engage in physical exercise during your leisure time on a regular basis?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	189	17.2	17.2	17.2
Sometimes	2	348	31.6	31.7	48.9
Rarely	3	108	9.8	9.8	58.7
Never	4	453	41.2	41.3	100.0
	.	2	.2	Missing	
Total		1100	100.0	100.0	

Mean	2.751	Std dev	1.165	Variance	1.357
Valid cases	1098	Missing cases	2		

Q 92 How many exercise sessions do you participate in in a week?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
1 to 2 sessions	1	235	21.4	36.3	36.3
3 to 4 sessions	2	218	19.8	33.7	70.0
5 to 6 sessions	3	96	8.7	14.8	84.9
7 to 8 sessions	4	74	6.7	11.4	96.3
>8 sessions	5	4	.4	.6	96.9
None	6	20	1.8	3.1	100.0
	.	453	41.2	Missing	
Total		1100	100.0	100.0	

Mean	2.156	Std dev	1.224	Variance	1.497
Valid cases	647	Missing cases	453		

Q93 What is the usual length of your physical exercise sessions?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
<30 minutes	1	284	25.8	44.7	44.7
30 to 45 minutes	2	170	15.5	26.7	71.4
1 hour	3	126	11.5	19.8	91.2
1 1/2 hour	4	30	2.7	4.7	95.9
2 hours	5	21	1.9	3.3	99.2
>2 hours	6	5	.5	.8	100.0
	.	3	.3	Missing	
Total		1100	100.0	100.0	

Mean	1.976	Std dev	1.121	Variance	1.258
Valid cases	636	Missing cases	464		

Q94 Compared to other persons your age, how would you compare yourself in regards to your physical activities?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
More active	1	253	23.0	39.7	39.7
Less active	2	100	9.1	15.7	55.4
About as active	3	284	25.8	44.6	100.0
	.	463	42.1	Missing	
Total		1100	100.0	100.0	

Mean	2.049	Std dev	.918	Variance	.842
Valid cases	637	Missing cases	463		

Q95 Typically, what type of exercise do you do?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Walking	1	468	42.5	72.6	72.6
Aerobics	2	50	4.5	7.8	80.3
Team sports	3	24	2.2	3.7	84.0
Swimming	4	4	.4	.6	84.7
Weight Training	5	20	1.8	3.1	87.8
Running/Jogging	6	51	4.6	7.9	95.7
Other	7	28	2.5	4.3	100.0
	.	455	41.4	Missing	
Total		1100	100.0	100.0	

Mean	1.950	Std dev	1.849	Variance	3.420
Valid cases	645	Missing cases	455		

Q96 How much hard physical work is required in your job or daily routine?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
A great deal	1	174	15.8	15.9	15.9
Moderate amount	2	460	41.8	42.1	58.1
A little	3	287	26.1	26.3	84.3
None	4	171	15.5	15.7	100.0
	.	8	.7	Missing	
Total		1100	100.0	100.0	

Mean	2.417	Std dev	.936	Variance	.876
Valid cases	1092	Missing cases	8		

Q97 During the past twelve months have you changed what you eat because of any medical reason or health condition?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	295	26.8	26.8	26.8
No	2	805	73.2	73.2	100.0
Total		1100	100.0	100.0	

Mean	1.732	Std dev	.443	Variance	.196
Valid cases	1100	Missing cases	0		

Q98 If yes, which of the following reasons caused you to change what you eat?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Health	1	219	19.9	74.0	74.0
Personal reason	2	37	3.4	12.5	86.5
Self-image	3	23	2.1	7.8	94.3
Other	4	17	1.5	5.7	100.0
	.	804	73.1	Missing	
Total		1100	100.0	100.0	

Mean	1.453	Std dev	.866	Variance	.750
Valid cases	296	Missing cases	804		

Q99 If you changed what you eat because of a health reason/condition, which of the following was it attributed to?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Overweight/Obesity	1	85	7.7	29.9	29.9
High Blood Cholester	2	45	4.1	15.8	45.8
Heart Disease	3	11	1.0	3.9	49.6
Ulcer	4	18	1.6	6.3	56.0
High Blood pres./	5	22	2.0	7.7	63.7
Diabetes	6	15	1.4	5.3	69.0
Allergy	7	35	3.2	12.3	81.3
Other	8	53	4.8	18.7	100.0
	.	816	74.2	Missing	
Total		1100	100.0	100.0	

Mean	4.046	Std dev	2.788	Variance	7.775
Valid cases	284	Missing cases	816		

Q100 What people eat or drink has no effect on their health?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	1	203	18.5	18.5	18.5
Somewhat agree	2	58	5.3	5.3	23.7
Don't know	3	51	4.6	4.6	28.4
Somewhat disagree	4	196	17.8	17.8	46.2
Strongly disagree	5	592	53.8	53.8	100.0
Total		1100	100.0	100.0	

Mean	3.833	Std dev	1.559	Variance	2.431
Valid cases	1100	Missing cases	0		

Q101 A healthy diet can reduce your risk for developing some diseases.

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Strongly agree	1	855	77.7	77.8	77.8
Somewhat agree	2	149	13.5	13.6	91.4
Don't know	3	28	2.5	2.5	93.9
Somewhat disagree	4	14	1.3	1.3	95.2
Strongly disagree	5	53	4.8	4.8	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	1.418	Std dev	.975	Variance	.950
Valid cases	1099	Missing cases	1		

Q102 Have you heard about the poison control center in Laredo?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	458	41.6	41.7	41.7
No	2	634	57.6	57.7	99.4
Don't know	3	7	.6	.6	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	1.590	Std. dev	.505	Variance	.255
Valid cases	1099	Missing cases	1		

Q103 Do you know the phone number for the local poison control center?

Value Label	Value	Frequence	Percent	Valid Percent	Cumulative Percent
Yes	1	47	4.3	8.3	8.3
No	2	516	46.9	91.7	100.0
	.	537	48.8	Missing	
Total		1100	100.0	100.0	

Mean	1.917	Std dev	.277	Variance	.077
Valid cases	563	Missing cases	537		

Q104 Have you ever heard about child safety car seats which are designed for children while they are in the car?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	1061	96.5	97.3	97.3
No	2	30	2.7	2.7	100.0
	.	9	.8	Missing	
Total		1100	100.0	100.0	

Mean	1.027	Std. dev	.164	Variance	.027
Valid cases	1091	Missing cases	9		

Q105 Are you aware of the law that makes it mandatory for children up to four years of age to ride in an appropriate car seat?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	1057	96.1	96.4	96.4
No	2	40	3.6	3.6	100.0
	.	3	.3	Missing	
Total		1100	100.0	100.0	

Mean	1.036	Std. Dev	.188	Variance	.035
Valid cases	1097	Missing cases	3		

Q106 When riding in a car, do you buckle your children in a car safety seat?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	432	39.3	39.9	39.9
Sometimes	2	64	5.8	5.9	45.8
Rarely	3	11	1.0	1.0	46.8
Never	4	11	1.0	1.0	47.8
Do not have children	5	565	51.4	52.2	100.0
	.	17	1.5	Missing	
Total		1100	100.0	100.0	

Mean	3.197	Std dev	1.928	Variance	3.716
Valid cases	1083	Missing cases	17		

Q107 When riding in a car, as a driver or passenger how often do you wear a seat belt?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	950	86.4	86.6	86.6
Sometimes	2	122	11.1	11.1	97.7
Rarely	3	12	1.1	1.1	98.8
Never	4	13	1.2	1.2	100.0
	.	3	.3	Missing	
Total		1100	100.0	100.0	

Mean	1.169	Std dev	.483	Variance	.233
Valid cases	1097	Missing cases	3		

Q108 During the past six months, did you not go to see a doctor because of cost?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	247	22.5	22.6	22.6
No	2	848	77.1	77.4	100.0
	.	5	.5	Missing	
Total		1100	100.0	100.0	

Mean	1.774	Std dev	.418	Variance	.175
Valid cases	1095	Missing cases	5		

Q109 Do you or someone in this household own a working car, truck, motorcycle, or other form of transportation?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	966	87.8	88.0	88.0
No	2	132	12.0	12.0	100.0
	.	2	.2	Missing	
Total		1100	100.0	100.0	

Mean	1.120	Std dev	.325	Variance	.106
Valid cases	1098	Missing cases	2		

Q110 How many passenger automobiles (cars, trucks, vans) are owned or regularly used by members of your household?

Value	Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
1		1	368	33.5	37.2	37.2
2 to 3		2	504	45.8	51.0	88.2
4 to 5		3	93	8.5	9.4	97.6
>5		4	6	.5	.6	98.2
None		5	17	1.5	1.7	99.9
		6	1	.1	.1	100.0
		.	111	10.1	Missing	
	Total		1100	100.0	100.0	

Mean	1.790	Std dev	.786	Variance	.618
Valid cases	989	Missing cases	111		

Q111 If you needed emergency medical care how would you most likely get to a place of medical care?

Value	Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Private auto		1	810	73.6	73.8	73.8
Emergency vehicle		2	191	17.4	17.4	91.2
Bus		3	11	1.0	1.0	92.2
Taxi		4	8	.7	.7	92.9
Friend/Neighbor		6	37	3.4	3.4	96.3
Other		7	41	3.7	3.7	100.0
		.	2	.2	Missing	
	Total		1100	100.0	100.0	

Mean	1.608	Std dev	1.448	Variance	2.098
Valid cases	1098	Missing cases	2		

Q112 About how long has it been since you last consulted a medical doctor or other health professional about your health?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
<1 month ago	1	290	26.4	26.4	26.4
1 to4 months	2	257	23.4	23.4	49.8
5 to 8 months	3	160	14.5	14.6	64.4
9 to <12 months ago	4	114	10.4	10.4	74.8
1 to 2 years ago	5	153	13.9	13.9	88.7
3 to 4 years ago	6	56	5.1	5.1	93.8
>4 years ago	7	68	6.2	6.2	100.0
	.	2	.2	Missing	
Total		1100	100.0	100.0	

Mean	3.021	Std dev	1.845	Variance	3.404
Valid cases	1098	Missing cases	2		

Q113 Has anyone in your family ever been diagnosed with hypertension or high blood pressure?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	566	51.5	51.5	51.5
No	2	498	45.3	45.3	96.8
Don't know	3	35	3.2	3.2	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	1.517	Std dev	.560	Variance	.314
Valid cases	1099	Missing cases	1		

Q114 If yes, who in your family has been diagnosed with high blood pressure (not including yourself)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Spouse	1	75	6.8	13.5	13.5
Father	2	159	14.5	28.5	42.0
Mother	3	202	18.4	36.3	78.3
Sister	4	34	3.1	6.1	84.4
Brother	5	31	2.8	5.6	89.9
Grandparent	6	30	2.7	5.4	95.3
Other	7	26	2.4	4.7	100.0
	.	543	49.4	Missing	
Total		1100	100.0	100.0	

Mean	2.966	Std. dev	1.530	Variance	2.342
Valid cases	557	Missing cases	543		

Q115 Have you ever been told by a doctor or other health professional that you had hypertension, otherwise known as high blood pressure?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	196	17.8	27.9	27.9
No	2	499	45.4	71.1	99.0
Don't know	3	7	.6	1.0	100.0
	.	398	36.2	Missing	
Total		1100	100.0	100.0	

Mean	1.731	Std. dev	.466	Variance	.217
Valid cases	702	Missing cases	398		

Q116 Are you currently taking any medicine prescribed by a doctor for your high blood pressure?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	114	10.4	18.8	18.8
No	2	493	44.8	81.2	100.0
	.	493	44.8	Missing	
Total		1100	100.0	100.0	

Mean	1.812	Std dev	.391	Variance	.153
Valid cases	607	Missing cases	493		

Q117 If you were advised by your physician to take medication for high blood pressure and you are not taking it, state the reason why not.

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Too costly	1	17	1.5	21.5	21.5
Too lazy	2	15	1.4	19.0	40.5
Too busy	3	5	.5	6.3	46.8
Other	4	42	3.8	53.2	100.0
	.	1021	92.8	Missing	
Total		1100	100.0	100.0	

Mean	2.911	Std dev	1.263	Variance	1.595
Valid cases	79	Missing cases	1021		

Q118 About how long has it been since you last had your blood pressure taken by a doctor, other health professional, or yourself?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
<1 month ago	1	354	32.2	32.3	32.3
1 to 4 month ago	2	271	24.6	24.7	57.0
5 to 8 months ago	3	163	14.8	14.9	71.8
9 to 12 months ago	4	92	8.4	8.4	80.2
1 to 2 years	5	127	11.5	11.6	91.8
3 to 4 years	6	44	4.0	4.0	95.8
5 to 6 years ago	7	15	1.4	1.4	97.2
>6 years ago	8	21	1.9	1.9	99.1
Don't know	9	10	.9	.9	100.0
	.	3	.3	Missing	
Total		1100	100.0	100.0	

Mean	2.748	Std dev	1.847	Variance	3.411
Valid cases	1097	Missing cases	3		

Q119 Do you have any family history of high blood cholesterol?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	260	23.6	23.6	23.6
No	2	747	67.9	67.9	91.5
Don't know	3	93	8.5	8.5	100.0
Total		1100	100.0	100.0	

Mean	1.848	Std dev	.546	Variance	.298
Valid cases	1100	Missing cases	0		

Q120 If yes, who in your family has been diagnosed with high blood cholesterol (not including yourself)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Spouse	1	36	3.3	13.9	13.9
Father	2	62	5.6	23.9	37.8
Mother	3	78	7.1	30.1	68.0
Brother	4	20	1.8	7.7	75.7
Sister	5	28	2.5	10.8	86.5
Grandparent	6	14	1.3	5.4	91.9
Other	7	21	1.9	8.1	100.0
	.	841	76.5	Missing	
Total		1100	100.0	100.0	

Mean	3.263	Std dev	1.741	Variance	3.032
Valid cases	259	Missing cases	841		

Q121 Have you ever been told by a doctor or health professional that your blood cholesterol was too high?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	174	15.8	15.9	15.9
No	2	920	83.6	84.0	99.9
	3	1	.1	.1	100.0
	.	5	.5	Missing	
Total		1100	100.0	100.0	

Mean	1.842	Std dev	.367	Variance	.135
Valid cases	1095	Missing cases	5		

Q122 Do you have any family history of diabetes?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	509	46.3	46.3	46.3
No	2	566	51.5	51.5	97.8
Don't know	3	24	2.2	2.2	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	1.559	Std dev	.539	Variance	.290
Valid cases	1099	Missing cases	1		

Q123 If yes, who in your family has been diagnosed with diabetes (not including yourself)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Spouse	1	65	5.9	12.9	12.9
Father	2	109	9.9	21.6	34.5
Mother	3	161	14.6	31.9	66.3
Brother	4	35	3.2	6.9	73.3
Sister	5	36	3.3	7.1	80.4
Grandparent	6	60	5.5	11.9	92.3
Other	7	39	3.5	7.7	100.0
	.	595	54.1	Missing	
Total		1100	100.0	100.0	

Mean	3.404	Std dev	1.798	Variance	3.233
Valid cases	505	Missing cases	595		

Q124 Have you ever been told by a doctor or other health professional that you had diabetes?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	108	9.8	9.8	9.8
No	2	981	89.2	89.3	99.2
Don't know	3	9	.8	.8	100.0
	.	2	.2	Missing	
Total		1100	100.0	100.0	

Mean	1.910	Std dev	.314	Variance	.099
Valid cases	1098	Missing cases	2		

Q125 Are you currently taking any medicine prescribed for diabetes?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	80	7.3	7.3	7.3
No	2	1009	91.7	92.7	100.0
	.	11	1.0	Missing	
Total		1100	100.0	100.0	

Mean	1.927	Std dev	.261	Variance	.068
Valid cases	1089	Missing cases	11		

Q126 If you were advised by your physician to take medication for diabetes and you are not taking it, state the reason why not?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Too costly	1	8	.7	18.2	18.2
Too lazy	2	10	.9	22.7	40.9
Too busy	3	4	.4	9.1	50.0
Other	4	22	2.0	50.0	100.0
	.	1056	96.0	Missing	
Total		1100	100.0	100.0	

Mean	2.909	Std dev	1.217	Variance	1.480
Valid cases	44	Missing cases	1056		

Q127 Has anyone in your family suffered from a stroke?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	372	33.8	34.0	34.0
No	2	712	64.7	65.1	99.1
Don't know	3	10	.9	.9	100.0
	.	6	.5	Missing	
Total		1100	100.0	100.0	

Mean	1.669	Std dev	.490	Variance	.240
Valid cases	1094	Missing cases	6		

Q128 If yes, who in your family has suffered a stroke (not including yourself)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Spouse	1	27	2.5	7.3	7.3
Father	2	124	11.3	33.6	40.9
Mother	3	65	5.9	17.6	58.5
Brother	4	27	2.5	7.3	65.9
Sister	5	13	1.2	3.5	69.4
Grandparent	6	73	6.6	19.8	89.2
Other	7	40	3.6	10.8	100.0
	.	731	66.5	Missing	
Total		1100	100.0	100.0	

Mean	3.688	Std dev	1.973	Variance	3.894
Valid cases	369	Missing cases	731		

Q129 Have you ever suffered a stroke?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	36	3.3	3.3	3.3
No	2	1059	96.3	96.7	100.0
	.	5	.5	Missing	
Total		1100	100.0	100.0	

Mean	1.967	Std dev	.178	Variance	.032
Valid cases	1095	Missing cases	5		

Q130 Do you have any family history of colorectal cancer?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	83	7.5	7.6	7.6
No	2	949	86.3	86.4	93.9
Don't know	3	67	6.1	6.1	100.0
	.	1	.1	Missing	
Total		1100	100.0	100.0	

Mean	1.985	Std dev	.369	Variance	.136
Valid cases	1099	Missing cases	1		

Q131 If yes, who in your family has had colorectal cancer (including yourself)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Self	1	8	.7	8.9	8.9
Spouse	2	7	.6	7.8	16.7
Father	3	23	2.1	25.6	42.2
Mother	4	13	1.2	14.4	56.7
Brother	5	6	.5	6.7	63.3
Sister	6	3	.3	3.3	66.7
Grandparent	7	16	1.5	17.8	84.4
Other	8	14	1.3	15.6	100.0
	.	1010	91.8	Missing	
Total		1100	100.0	100.0	

Mean	4.611	Std dev	2.311	Variance	5.341
Valid cases	90	Missing cases	1010		

Q132 When did you last have a digital rectal exam?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Within the past year	1	177	16.1	16.1	16.1
Within the past 2yrs	2	94	8.5	8.6	24.7
Within the past 3-5	3	74	6.7	6.7	31.4
5 or more years ago	4	62	5.6	5.6	37.1
Don't know	5	34	3.1	3.1	40.2
Never	6	657	59.7	59.8	100.0
	.	2	.2	Missing	
Total		1100	100.0	100.0	

Mean	4.505	Std dev	2.008	Variance	4.033
Valid cases	1098	Missing cases	2		

Q133 If you have preschool aged children are their immunizations up to date?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	399	36.3	82.4	82.4
No	2	73	6.6	15.1	97.5
Don't know	3	12	1.1	2.5	100.0
	.	616	56.0	Missing	
Total		1100	100.0	100.0	

Mean	1.200	Std dev	.459	Variance	.210
Valid cases	484	Missing cases	616		

Q134 Where do you go to get your children's Immunizations?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Private Drs. office	1	191	17.4	45.7	45.7
Health department	2	183	16.6	43.8	89.5
Hlth. Ctr. Comm.	3	27	2.5	6.5	95.9
Don't go at all	4	2	.2	.5	96.4
Other	5	15	1.4	3.6	100.0
	.	682	62.0	Missing	
Total		1100	100.0	100.0	

Mean	1.725	Std dev	.889	Variance	.790
Valid cases	418	Missing cases	682		

Q135 How would you describe the condition of your natural teeth?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Excellent	1	73	6.6	6.6	6.6
Good	2	434	39.5	39.5	46.1
Fair	3	347	31.5	31.5	77.6
Poor	4	246	22.4	22.4	100.0
Total		1100	100.0	100.0	

Mean	2.696	Std dev	.890	Variance	.792
Valid cases	1100	Missing cases	0		

Q136 When was the last time you had your teeth examined by a dentist?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
< or equal to 6 month	1	215	19.5	19.5	19.5
7 to <12 months ago	2	168	15.3	15.3	34.8
1 to 2 years ago	3	275	25.0	25.0	59.8
3 to 4 years ago	4	159	14.5	14.5	74.3
5 to 6 years ago	5	69	6.3	6.3	80.5
>6 years ago	6	161	14.6	14.6	95.2
Never	7	53	4.8	4.8	100.0
Total		1100	100.0	100.0	

Mean	3.358	Std dev	1.815	Variance	3.293
Valid cases	1100	Missing cases	0		

Q137 Do you have a family history of ovarian cancer?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	51	4.6	6.2	6.2
No	2	749	68.1	91.2	97.4
Don't know	3	21	1.9	2.6	100.0
	.	279	25.4	Missing	
Total		1100	100.0	100.0	

Mean	1.963	Std dev	.294	Variance	.086
Valid cases	821	Missing cases	279		

Q138 If yes, who in your family has had ovarian cancer (including yourself)?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Self	1	5	.5	9.6	9.6
Mother	2	16	1.5	30.8	40.4
Sister	3	11	1.0	21.2	61.5
Grandmother	4	10	.9	19.2	80.8
Aunt	5	8	.7	15.4	96.2
Other	6	2	.2	3.8	100.00
	.	1048	95.3	Missing	
Total		1100	100.0	100.0	

Mean	3.115	Std dev	1.367	Variance	1.869
Valid cases	52	Missing cases	1048		

Q139 Do you know what a pap smear test is?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	753	68.5	91.8	91.8
No	2	67	6.1	8.2	100.0
	.	280	25.5	Missing	
Total		1100	100.0	100.0	

Mean	1.082	Std dev	.274	Variance	.075
Valid cases	820	Missing	280		

Q140 When did you last have a pap smear examination?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
3 months ago	1	86	7.8	10.7	10.7
6 months ago	2	77	7.0	9.5	20.2
9 months age	3	62	5.6	7.7	27.9
1 year ago	4	187	17.0	23.2	51.1
2-3 years ago	5	145	13.2	18.0	69.0
4 years ago or more	6	123	11.2	15.2	84.3
Never	7	127	11.5	15.7	100.0
	.	293	26.6	Missing	
Total		1100	100.0	100.0	

Mean	4.369	Std dev	1.868	Variance	3.491
Valid cases	807	Missing cases	293		

Q141 Do you have a family history of breast cancer?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	1	81	7.4	9.9	9.9
No	2	725	65.9	88.3	98.2
Don't know	3	14	1.3	1.7	99.9
	4	1	.1	.1	100.0
	.	279	25.4	Missing	
Total		1100	100.0	100.0	

Mean	1.921	Std dev	.338	Variance	.114
Valid cases	821	Missing cases	279		

Q142 If yes, who in your family has had breast cancer (including yourself)?

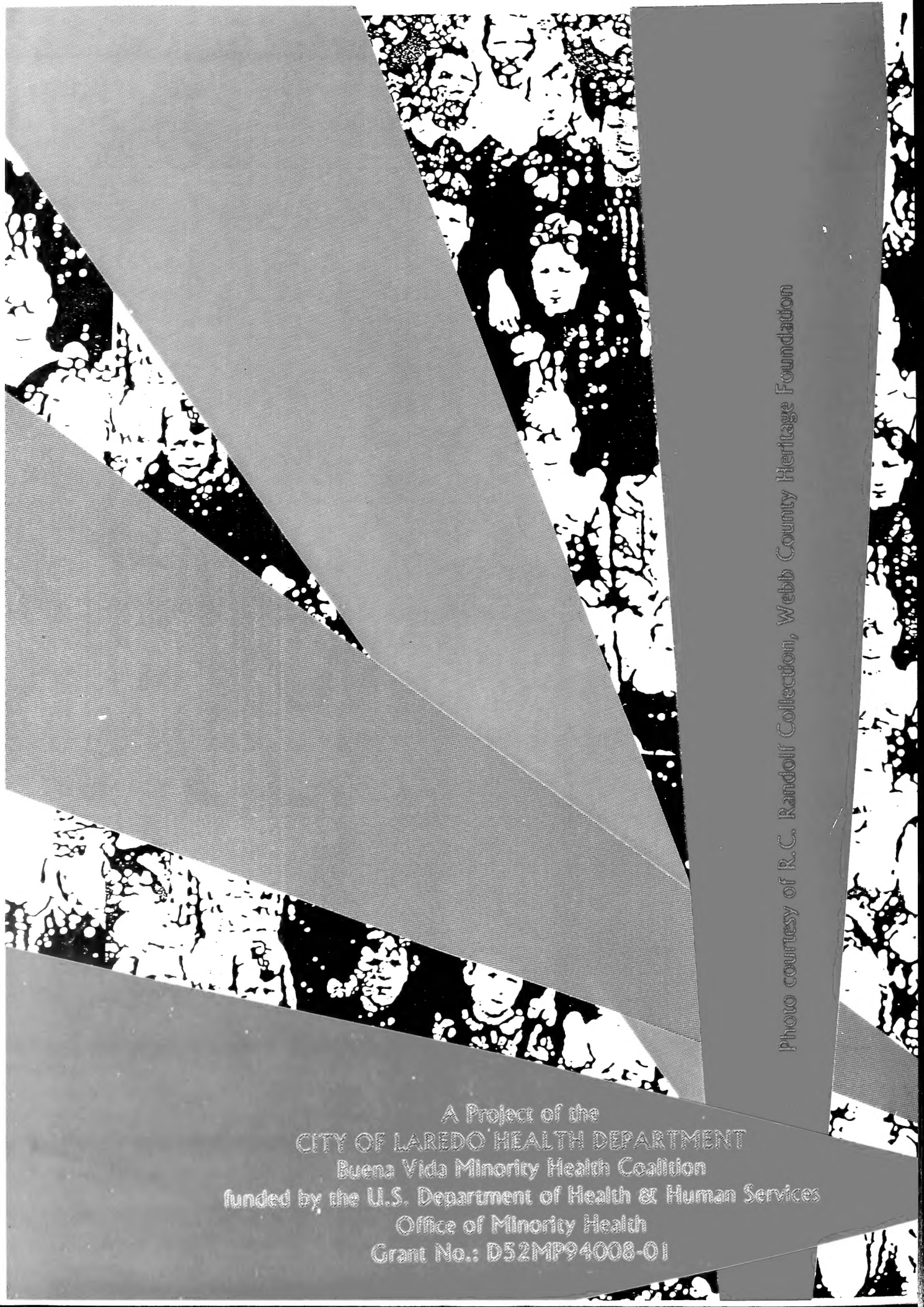
Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Self	1	11	1.0	13.1	13.1
Mother	2	15	1.4	17.9	31.0
Sister	3	24	2.2	28.6	59.5
Grandmother	4	9	.8	10.7	70.2
Aunt	5	18	1.6	21.4	91.7
Other	6	7	.6	8.3	100.0
	.	1016	92.4	Missing	
Total		1100	100.0	100.0	

Mean	3.345	Std dev	1.525	Variance	2.325
Valid cases	84	Missing cases	1016		

Q143 About how often do you examine your breasts for lumps?

Value Label	Value	Frequency	Percent	Valid Percent	Cumulative Percent
Always	1	206	18.7	25.1	25.1
Sometimes	2	326	29.6	39.7	64.8
Rarely	3	123	11.2	15.0	79.8
Never	4	166	15.1	20.2	100.0
	.	279	25.4	Missing	
Total		1100	100.0	100.0	

Mean	2.303	Std dev	1.058	Variance	1.119
Valid cases	821	Missing cases	279		



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A Project of the
CITY OF LAREDO HEALTH DEPARTMENT
Buena Vida Minority Health Coalition
funded by the U.S. Department of Health & Human Services
Office of Minority Health
Grant No.: D52MP94008-01